

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90059 026 ****61.25

DOCUMENT # N47070

1. Entity Name

EVERGLADES BASS ANGLERS, INC.

Principal Place of Business

Mailing Address

**1940 NW 32 ST
 OAKLAND PAR FL 33309**

**1940 NW 32 ST
 OAKLAND PAR FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0316052**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUMMINS, B.J.
 400 SE EIGHTH ST
 FT LAUDERDALE FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

B.J. Cummins

2-27-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	ZIEGLER, JAY	
STREET ADDRESS	1940 NW 32ND STRET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, CHRIS	
STREET ADDRESS	600 NE 7TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDANIEL, BOB	
STREET ADDRESS	7441 SW 42 CT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NYDAM, JERRY	
STREET ADDRESS	2371 NE SIXTH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	NYDAM, JOHN	
STREET ADDRESS	496 NW 47 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, KELLY	
STREET ADDRESS	12451 SW 10TH CT	
CITY-ST-ZIP	DAVIE FL 33325	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAY ZIEGLER

Date

Daytime Phone #

2-26-02 9544858825

CR2E037 (9/01)