

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90231 048 \*\*\*\*\*61.25

**DOCUMENT # N47070**

1. Entity Name

**EVERGLADES BASS ANGLERS, INC.**



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
NAME **ZIEGLER, JAY**  
STREET ADDRESS **1940 NW 32ND STRET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **VD** ☒ Change ☐ Addition  
NAME **JOHN NYDEM**  
STREET ADDRESS **496 N.W. 47 Court**  
CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE **D** ☐ Delete  
NAME **ROBINSON, CHRIS**  
STREET ADDRESS **600 NE 7TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☐ Change ☒ Addition  
NAME **LYN GRIFFIN**  
STREET ADDRESS **1508 N.E. 1 Avenue**  
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE **SD** ☐ Delete  
NAME **MCDANIEL, BOB**  
STREET ADDRESS **7441 SW 42 CT**  
CITY-ST-ZIP **DAVE FL 33314**

TITLE **D** ☐ Change ☒ Addition  
NAME **CHRIS ROBINSON**  
STREET ADDRESS **320 S.W. 21 Street**  
CITY-ST-ZIP **Fort Lauderdale, FL 33315**

TITLE **PD** ☐ Delete  
NAME **NYDAM, JERRY**  
STREET ADDRESS **2371 NE SIXTH AVE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NYDAM, JOHN**  
STREET ADDRESS **496 NW 47 CT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☒ Delete  
NAME **TAYLOR, KELLY**  
STREET ADDRESS **12451 SW 10TH CT**  
CITY-ST-ZIP **DAVE FL 33325**

TITLE ☐ Change ☐ 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)(i), 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:

*JOHN NYDEM* **JOHN NYDEM** **4-9-03 9544858825**

CR2E037 (10/02)