

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

DOCUMENT # **N47070**

1. Entity Name

EVERGLADES BASS ANGLERS, INC.



FILED

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

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

0031982

| | |
|--|--|
| 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 | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--|

6. Name and Address of Current 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 |

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|---------------------------------|---|---|

10. OFFICERS AND DIRECTORS

| | | | | | |
|--|--|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ZIEGLER, JAY 1940 NW 32ND STRET FORT LAUDERDALE FL 33309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOHN NYDEM 496 N.W. 47 Court Fort Lauderdale, FL 33309 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, CHRIS 600 NE 7TH AVE FORT LAUDERDALE FL 33304 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LYN GRIFFIN 1508 N.E. 1 Avenue Fort Lauderdale, FL 33304 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCDANIEL, BOB 7441 SW 42 CT DAVIE FL 33314 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHRIS ROBINSON 320 S.W. 21 Street Fort Lauderdale, FL 33315 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NYDAM, JERRY 2371 NE SIXTH AVE POMPANO BEACH FL 33064 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NYDAM, JOHN 496 NW 47 CT FORT LAUDERDALE FL 33309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TAYLOR, KELLY 12451 SW 10TH CT DAVIE FL 33325 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Say, Jay Ziegler, Esq./JAY ZIEGLER 4-9-03 954-4858825*

CR2E037 (10/02)