

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90117 046 \*\*\*\*61.25

**DOCUMENT # N94000004379**

1. Entity Name  
**SPACE COAST SPORTFISHING FOUNDATION, INC.**

Principal Place of Business <b>49 YAWL DR          COCOA BEACH FL 32931          US</b>	Mailing Address <b>49 YAWL DR          COCOA BEACH FL 32931          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>976 Brevard Ave.          Suite A.          Rockledge, Florida          32955          Brevard</b>	3. Mailing Address <b>976 Brevard Ave.          Suite A.          Rockledge, Florida          32955          Brevard</b>
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4. FEI Number <b>59-3292319</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOREY, RAYMOND S  
 49 YAWL DR.  
 COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent  
 Name: **Dewey B. Harris**  
 Street Address (P.O. Box Number is Not Acceptable):  
**976 Brevard Ave, Suite A**  
 City: **Rockledge** FL Zip Code: **32955**

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: *Dewey B. Harris* **Dewey B. Harris, Treasurer** DATE: **4-24-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HOREY, RAYMOND S</b> <input checked="" type="checkbox"/> Delete <b>49 YAWL DR.</b> <b>COCOA BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HARRIS, H.C. "SKIP"</b> <input type="checkbox"/> Delete <b>230 TIKI AVE</b> <b>MERRITT ISLAND FL 32952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SMITH, GEORGE</b> <input type="checkbox"/> Delete <b>50 YAWL DRIVE</b> <b>COCOA BEACH FL 32931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ALANA LOVE</b> <input type="checkbox"/> Delete <b>2145 CAPEVIEW ST.</b> <b>MERRITT ISLAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROOK, GEORGE</b> <input checked="" type="checkbox"/> Delete <b>4171 SAN YSIDRO WAY</b> <b>ROCKLEDGE FL 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEFREESE, DUANE</b> <input checked="" type="checkbox"/> Delete <b>6245 SEAWORLD DRIVE</b> <b>ORLANDO FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Dewey B. Harris</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>976 Brevard Ave, Suite A</b> <b>Rockledge, Florida 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Dewey B. Harris* **SIGNATURE REQUIRED** DATE: **4-30-02** PHONE: **321-433-1191**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)