

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90066 021 \*\*\*\*61.25

**DOCUMENT # N96000003828**

1. Entity Name

**THE BACKCOUNTRY FLY FISHERS CLUB, INC.**



Principal Place of Business

P.O. BOX 971  
NAPLES FL 34106  
US

Mailing Address

P.O. BOX 971  
NAPLES FL 34106  
US

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 **59-3464964**

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

**LAMADRID, CARLOS**  
**8149 LAS PALMAS WAY**  
**NAPLES FL 34109**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete  
NAME **LECLAIR, GEORGE**  
STREET ADDRESS **8674 MUSTANG DRIVE**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE **P** ☐ Delete  
NAME **SMITH, RON**  
STREET ADDRESS **24760 PENNY ROYAL DR.**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete  
NAME **BALLO, STEPHANIE**  
STREET ADDRESS **351 4TH AVE. N.**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☐ Delete  
NAME **WORDEN, JIM**  
STREET ADDRESS **325 DEVILS BIEHT**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete  
NAME **HOOVER, MATT**  
STREET ADDRESS **2130 SNOOK DRIVE**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **T** ☒ Delete  
NAME **KNAUER, EDWARD**  
STREET ADDRESS **175 CARRIBAN ROAD**  
CITY-ST-ZIP **NAPLES FL 34108**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **TRES** ☐ Change ☒ Addition  
NAME **EDWARD LASSOW**  
STREET ADDRESS **380 HORSE CREEK DR #404**  
CITY-ST-ZIP **NAPLES FL 34110**

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: **EDWARD LASSOW**

**4/7/03**

**239-572 1330**

CR2E037 (10/02)