

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90018 035 \*\*\*\*61.25

**A0001516**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N98000006085**  
 1. Entity Name  
**CAPT. BOB LEWIS BILLFISH CHALLENGE, INC.**

Principal Place of Business <b>13273 S.W. 124TH STREET MIAMI FL 33186</b>	Mailing Address <b>PO BOX 140850 CORAL GABLES FL 33114</b>
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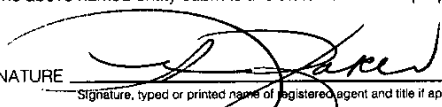
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0868468</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**6. Name and Address of Current Registered Agent**  
**BAKER, RONALD G**  
**4675 PONCE DE LEON BOULEVARD**  
**SUITE 301**  
**CORAL GABLES FL 33146**

**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.**

SIGNATURE  DATE **1/3/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, JUDY</b> <b>13273 S.W. 124TH STREET</b> <b>MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, SUZAN</b> <b>296 SANTAN DER</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEADER, PAUL</b> <b>5979 NW 15TH STREET #110</b> <b>MIAMI FL 33014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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
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
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:**  **SENATOR REQUIRED** DATE **1/3/01** DAYTIME PHONE # **305.589.0066**  
Signature and typed or printed name of signing officer or director

CR2E037 (10/00)