

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75111

1. Entity Name

OUTDOOR GUIDES ASSOCIATION OF NORTH AMERICA, INC

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90357 046 ***150.00

Principal Place of Business

4500 SHANNON LAKES PLZ
C
TALL FL 32308
US

Mailing Address

P.O. BOX 12996
TALLAHASSEE FL 32317-2996

2. Principal Place of Business

2548 Blairstone Pines Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32301

Country

Leon

Zip

Country

4. FEI Number 59-3081459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN S.
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME FRIEDMAN, MARTIN S.
STREET ADDRESS 2548 BLAIRSTONE PINES DR.
CITY-ST-ZIP TALL FL ☐ Delete

TITLE DPT
NAME MADIGAN, JOHN R.
STREET ADDRESS 4500 SHANNON LAKES PLZ STE C
CITY-ST-ZIP TALL FL ☐ Delete

TITLE D
NAME KNOWLES, L. PAUL, JR.
STREET ADDRESS 5386 PEBRIDGE PL
CITY-ST-ZIP TALL FL ☐ Delete

TITLE S
NAME MADIGAN, JOHN R.
STREET ADDRESS 4500 SHANNON LAKES PLZ STE C
CITY-ST-ZIP TALL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 1323 Lehigh Dr.
CITY-ST-ZIP Tallahassee, FL 32301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5711 Shamrock Dr.
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1323 Lehigh Dr.
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.01

Date

850.877.6555

Daytime Phone #

CR2E034 (10/00)

0028968