

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90207 029 ***150.00

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DOCUMENT # S75111

1. Entity Name
OUTDOOR GUIDES ASSOCIATION OF NORTH AMERICA, INC



Principal Place of Business
**2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301
US**

Mailing Address
**P.O. BOX 12996
TALLAHASSEE FL 32317-2996
US**

2. Principal Place of Business
1323 Lehigh Drive
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. FEI Number **59-3081459**

Applied For
Not Applicable

Zip **32301** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **John R. Madigan**
Street Address (P.O. Box Number is Not Acceptable)
1323 Lehigh Dr
City **Tallahassee** FL Zip Code **32301**

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 **John R. Madigan - Executive Director**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, MARTIN S. 2548 BLAIRSTONE PINES DR. TALL FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MADIGAN, JOHN R. 1323 LEHIGH DRIVE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, L. PAUL, JR. 3711 SHAMROCK DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADIGAN, JOHN R. 1323 LEHIGH DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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 607, 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: **John R. Madigan** **1/24/03** **(850) 671-4409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)