

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710915

1. Entity Name

TITUSVILLE RIFLE AND PISTOL CLUB, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90053 037 ****70.00

Principal Place of Business
2299 HATBILL ROAD
PO BOX 6482
TITUSVILLE FL 32782-6482

Mailing Address
2299 HATBILL ROAD
PO BOX 6482
TITUSVILLE FL 32782-6482

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

59-2924740

Applied For

Not Applicable

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

WESNER, THEODORE A JR
2955 AVON LN
TITUSVILLE FL 32796

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	WESNER, THEODORE A JR	
STREET ADDRESS	2955 AVON LANE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JAMES Q	
STREET ADDRESS	530 ORA DELL AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CALHOUN, CHARLES R	
STREET ADDRESS	2950 DAIRY ROAD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARISO, GEORGE	
STREET ADDRESS	4048 GRANT LINE RD	
CITY-ST-ZIP	MIMS, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, PHILIP H	
STREET ADDRESS	431 HELL AVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

THEODORE A WESNER JR

Date

Daytime Phone #

02-20-00
321-268-7237

CR2E037 (9/99)