2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90036 048 ****61.25

DOCUMENT # 717391

1. Entity Name

EUSTIS GUN CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1284 EUSTIS FL 32727	POST OFFICE BOX 1284 EUSTIS FL 32727-1284

DO NOT WRITE IN THIS SPACE

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 59-2099211 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCAULEY, BILL
31941 TROPICAL SHORES DR
TAVARES FL 32778

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANIER, DAVID 29140 SHIRLEY SHORES DR TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Amos Akerman 220 N. Washington Ave Apopka FL 32730	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AKERMAN, AMOS 220 N WASHINGTON AVE APOPKA FL 32730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Mitch Keeling 4260 Cactus Ln. Mt Dora FL 32757	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCAULEY, WILLIAM 31941 TROPICAL SHORES DR TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary William McAuley 31941 Tropical Shores Dr.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARTON, RICHARD O 407 GLASGOW CT LEESBURG FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Richard O. Barton 409 Glasgow Ct. Leesburg FL 34788	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYNE, JOHN 28620 TAMMI DR TAVARES FL 32778	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Leland McNatt 40017 Grays Airport Rd. Lady Lake, FL 32159	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HOWARD, RONALD 325 N SUNSET DR MT DORA FL 32757	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman-Director David Lanier 29140 Shirley Shores Dr. Tavares FL 32778	☑ Change ☐ Addition

CR2E037 (9/99)

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: William McAuley SIGNATURE REQUIRED William McAuley, Secretary. 2/4/00 352 343-8426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #