

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730114

1. Entity Name

SOUTH TAMiami TRAIL RANGERS BLACK POWDER RIFLE A

Principal Place of Business

Mailing Address

29494 CLARK DRIVE
PUNTA GORDA FL 33982
US

29494 CLARK DRIVE
PUNTA GORDA FL 33982-2361
US

2. Principal Place of Business

29494 Clark Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, FLA

City & State

SAME

Zip

33982

Country

Charlotte

Zip

Country

4. FEI Number

59-1885543

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

MODESTO, JACK M.
29494 CLARK DRIVE
PUNTA GORDA FL 33982

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

Jack M. Modesto (Pres)

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

(NOTE: Registered Agent signature required when reinstating)

3-27-00

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 PD ☐ Delete
NAME JELINEK, DONALD D
STREET ADDRESS 8321 ARBORFIELD CT
CITY-ST-ZIP FORT MYERS FL 33912

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

TITLE VT ☐ Delete
NAME NOACK, DAVE
STREET ADDRESS 27137 SAVORY DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE S ☐ Delete
NAME CHUCK GAUSE
STREET ADDRESS 23401 WESTCHESTER BLVD
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE T ☐ Delete
NAME MODESTO, JACK
STREET ADDRESS 29494 CLARK DRIVE
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE D ☐ Delete
NAME LEE, RAY
STREET ADDRESS 24300 AIRPORT ROAD
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE D ☐ Delete
NAME NORMANTH, ALGRID
STREET ADDRESS 1915 SE 20TH ST
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Change ☐ 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:

Jack M. Modesto (Jack M. Modesto)

Date

Daytime Phone #

3-27-00 1-944-505-1679

CR2E037 (9/99)