

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 046 ****61.25

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DOCUMENT # 730114

1. Entity Name
SOUTH TAMiami TRAIL RANGERS BLACK POWDER RIFLE AND PISTOL CLUB, INC.



Principal Place of Business
**29494 CLARK DRIVE
PUNTA GORDA FL 33982
US**

Mailing Address
**29494 CLARK DRIVE
PUNTA GORDA FL 33982
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
29494 Clark Drive

Suite, Apt. #, etc.

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

City & State
Punta Gorda, Fla.

City & State

4. FEI Number **59-1885543**

Applied For
Not Applicable

Zip **33982** Country **Charlotte**

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

~~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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack M. Modesto*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, THOMAS	
STREET ADDRESS	17405 LEBANON RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRODBECK, GARY	
STREET ADDRESS	10540 MARIE ST	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRODBECK, GINA	
STREET ADDRESS	10540 MARIE ST	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	T	<input type="checkbox"/> Delete
NAME	MODESTO, JACK	
STREET ADDRESS	29494 CLARK DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, RAY	
STREET ADDRESS	24300 AIRPORT ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMANTH, ALGRID	
STREET ADDRESS	1915 SE 20TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daisey, Robert	
STREET ADDRESS	534 Lindley Terr.	
CITY-ST-ZIP	FORT CHARLOTTE, FLA. 33982	
TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schettino, Robert	
STREET ADDRESS	26201 BARCELOS CT	
CITY-ST-ZIP	FORT CHARLOTTE, FLA.	
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: *Jack M. Modesto* (JACK M. Modesto) **4-28-03** **1-441-505-1679**

CR2E037 (10/02)