

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90050 020 ****61.25

DOCUMENT # 734824

1. Entity Name
FLORIDA KEYS SHOOTING CLUB, INC.

Principal Place of Business 750 MADRID RD. KEY LARGO FL 33037	Mailing Address P. O. BOX 2468 KEY LARGO FL 33037-7468 US
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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 65-0038046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BECKMEYER, KARL
81990 OVERSEAS HIGHWAY #201
ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

Name **Nicholas W. Mulick**
 Street Address (P.O. Box Number is Not Acceptable)
90130 Old Highway
 City **Tavernier** FL Zip Code **33070**

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 *Nicholas W. Mulick* DATE **4/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TSD	<input type="checkbox"/> Delete
NAME	KIRBY, OWEN	
STREET ADDRESS	750 MADRID RD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JAMES	
STREET ADDRESS	241 PLANTATION SHORES DR.	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELSON, WILLIAM	
STREET ADDRESS	14 POMPANO AVE.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, JOHN	
STREET ADDRESS	144 BUTTONWOOD LN	
CITY-ST-ZIP	LAYTON FL 33001	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MALKA, MARK	
STREET ADDRESS	225 ALAHAMBRA	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELHERS, GEORGE	
STREET ADDRESS	200 GALLEON LN	
CITY-ST-ZIP	ISLAMORADA FL 33036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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)(l), 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: *[Signature]* DATE: **4/28/00** DAYTIME PHONE #: **(305) 852-7170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)