

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0034318

05-17-2001 90402 032 \*\*\*\*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  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0038046**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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 **KIRBY OWEN**  
 Street Address (P.O. Box Number is Not Acceptable)

**750 MADRID RD**  
 City **Key Largo** **FL** Zip Code **33037**

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 KIRBY OWEN [Signature] 5-1-01  
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

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)(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: [Signature] 5-1-01 305 493-3740

CR2E037 (10/00)