

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90047 002 ****61.25

DOCUMENT # 737744

1. Entity Name

FLORIDA TRAPSHOOTERS' ASSOCIATION, INC.

Principal Place of Business

**2810 S. DER RD.
 PLANT CITY FL 33567
 US**

Mailing Address

**2810 S. DER RD.
 PLANT CITY FL 33567
 US**

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

23-7317363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**AYER, KIM
 2810 SO DER RD
 PLANT CITY FL 33567**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DARCEY, GENE 2420 JASON ST MERRITT ISLAND FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WRIGHT, S 634 DYAL ST JAX FL 32206	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AYERS, KIM 2810 SO DER RD PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDY MITCHELL, JR. 5957 RIVERA LN NPR FL 34655	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STINEBRING, MORRIE 17133 GOLF VISTA CT ODESSA FL 33556	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, ROBERT 17135 GOLF VISTA CT ODESSA FL 33556	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jim Beasley 17121 Target Way Odessa, FL 33556	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mack Bissette 13403 Fast Pull Lane Odessa, FL 33556	☐ Change ☒ Addition

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: *Kim Ayers* **April 11, 01** **813.737-3260**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)