CHU - 1307

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90070 014 ****61.25

0078484

DOCUMENT # 740849

1. Entity Name

FLORIDA OUTDOOR WRITERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1876 N.E. 40TH CIRCLE~~ OCALA FL 34470 411 N.E. 18th Ave	~~1876 N.E. 40TH CIRCLE~~ OCALA FL 34470 411 NE 18th Ave

2. Principal Place of Business	3. Mailing Address
OCALA, FL	above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country MARION	Zip / Country MARION

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2190309 — 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
SCHARMACH, NANCY ~~1876 N.E. 40TH CIRCLE~~ 411 NE 18th Ave. OCALA FL 34470	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 Nancy J. Scharmach, E.D. 1/4/01

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC ☒ Delete	TITLE	DC ☒ Change ☐ Addition
NAME	TWYFORD, TOM	NAME	SANDERS, DALE
STREET ADDRESS	PO BOX 468	STREET ADDRESS	7905 Colley Rd
CITY-ST-ZIP	WEST PALM BEACH FL 33402	CITY-ST-ZIP	ODESSA, FL 33556
TITLE	1VD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	HUBBARD, VAN	NAME	Hubbard, Van
STREET ADDRESS	PO BOX 146	STREET ADDRESS	PO Box 146
CITY-ST-ZIP	PLACIDA FL 33946	CITY-ST-ZIP	Placida, FL 33946
TITLE	PD ☒ Delete	TITLE	TD ☒ Change ☐ Addition
NAME	SANDERS, DALE	NAME	MARELLO, FRANK
STREET ADDRESS	7905 COLLEY RD	STREET ADDRESS	9109 Palomino Drive
CITY-ST-ZIP	ODESSA FL 33556	CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	TD ☒ Delete	TITLE	IVP ☒ Change ☐ Addition
NAME	MARELLO, FRANK	NAME	WARNKE, Jim
STREET ADDRESS	9109 PALOMINA DRIVE	STREET ADDRESS	617 Lakeside Harbor
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	DS ☒ Delete	TITLE	DS ☐ Change ☒ Addition
NAME	ARBUTHNOT, ARBY	NAME	HUFF, Sandy
STREET ADDRESS	PO BOX 1740	STREET ADDRESS	3530 Fairview St
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	SAFETY Harbor, FL 34695
TITLE	2VD ☒ Delete	TITLE	2VD ☐ Change ☒ Addition
NAME	WARNKE, JIM	NAME	SCARANTINO, MIKE
STREET ADDRESS	617 LAKESIDE HARBOR	STREET ADDRESS	2136 Glenridge Dare
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	Spring Hill, FL 34609

CR2E037 (10/00)

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: Nancy J. Scharmach 1/4/01 (352) 236-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #