

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90105 042 ****61.25

DOCUMENT # 740849

1. Entity Name

FLORIDA OUTDOOR WRITERS ASSOCIATION, INC.

Principal Place of Business

411 NE 18TH AVENUE
 Ocala FL 34470

Mailing Address

411 NE 18TH AVENUE
 Ocala FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHARMACH, NANCY
 411 NE 18TH AVENUE
 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

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 <input checked="" type="checkbox"/>	NAME TWYFORD, TOM	STREET ADDRESS PO BOX 488	CITY-ST-ZIP WEST PALM BEACH FL 33402
TITLE 1VD	DELETE <input checked="" type="checkbox"/>	NAME HUBBARD, VAN	STREET ADDRESS PO BOX 146	CITY-ST-ZIP PLACIDA FL 33946
TITLE PD	DELETE <input checked="" type="checkbox"/>	NAME SANDERS, DALE	STREET ADDRESS 7905 COLLEY RD	CITY-ST-ZIP ODESSA FL 33556
TITLE TD	DELETE <input checked="" type="checkbox"/>	NAME MARELLO, FRANK	STREET ADDRESS 9109 PALOMINA DRIVE	CITY-ST-ZIP LAKE WORTH FL 33467
TITLE DS	DELETE <input checked="" type="checkbox"/>	NAME ARBUTHNOT, ARBY	STREET ADDRESS PO BOX 1740	CITY-ST-ZIP LAKE PLACID FL 33852
TITLE 2VD	DELETE <input checked="" type="checkbox"/>	NAME WARNKE, JIM	STREET ADDRESS 617 LAKESIDE HARBOR	CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D	CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>	NAME Chairman HUBBARD, VAN	STREET ADDRESS PO BOX 146	CITY-ST-ZIP PLACIDA, FL 33946
TITLE D	CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>	NAME President WARNKE, JIM	STREET ADDRESS 617 LAKESIDE HARBOR	CITY-ST-ZIP BOYNTON BEACH, FL 33435
TITLE D	CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>	NAME V.P. SCARANTHO, MIKE	STREET ADDRESS 2136 Glenridge Drive	CITY-ST-ZIP SPRING HILL, FL 34609
TITLE D	CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>	NAME TREASURER MARELLO, FRANK	STREET ADDRESS 9109 Palomina Drive	CITY-ST-ZIP Lake Worth, FL 33467
TITLE D	CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>	NAME SECRETARY EATON, Bill	STREET ADDRESS 3391 EAGLE NEST DRIVE	CITY-ST-ZIP HERNANDO BEACH, FL 34607
TITLE D	CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>	NAME V.P. President LARRY THORNHILL	STREET ADDRESS 1104 B KISTALWOOD STREET	CITY-ST-ZIP ORLANDO, FL 32810

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 Scharmach
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (352) 236-1177
 Date Daytime Phone #

CR2E037 (9/01)