2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMEN # 743767 May 22, 2001 8:00 am Secretary of State 1. Entity Name 05-22-2001 90631 001 ****61.25 tin County Sportsmen's Association, Spc. 2. Principal Place of Business 多415 SWBUS(より 5 Mailing Address RO. BOX 1306 DO NOT WRITE IN THIS SPACE ity & State 4. FELNymber 896620 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kubin Name P.O. BOX 1306 Street Address (P.O. Box Number is Not Acceptable) Stuart FL 34995 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Pavable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition: NAME NAME ake Worth, Fli RANGE STREET ADDRESS STREET ADDRESS DIRECTOR CITY-ST-ZIP CITY-ST-ZIP MEMBERSHIP CHAIRMAN TITLE Change ☐ Delete TITLE ☐ Addition MICHAEL CLARK 18955 S.E. FEARNLEY DR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUPITGR, FL 33469 PRESIDENT
RON ALD BERNARD
3289 NE HOLLYCRETADA
JENSEN BEACH FC. 340 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34957 CITY-ST-ZIP Vice President TITLE ☐ Change ☐ Delete TITLE ☐ Addition James H. Lantelme NAME NAME 2141 SW Perry Terrace STREET ADDRESS STREET ADDRESS 34997 tuart. FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS 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 forida 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. Glen G. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR