

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90076 036 ****61.25

0012841

DOCUMENT # N13841

1. Entity Name

JACKSONVILLE GUN CLUB

Principal Place of Business

**12125 NEW BERLIN RD.
JACKSONVILLE FL 32226**

Mailing Address

**12125 NEW BERLIN RD.
JACKSONVILLE FL 32226****A0041169**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6151255

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAWRENCE, ROLFE C
720 BLACKSTONE BUILDING
JACKSONVILLE FL 32202**

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 **CM** ☒ Delete
NAME **MILLER, ED**
STREET ADDRESS **12125 NEW BERLIN RD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VPD** ☒ Delete
NAME **TEMPLE, W THOR**
STREET ADDRESS **12125 NEW BERLIN RD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **S** ☐ Delete
NAME **ROLFE, L. C.**
STREET ADDRESS **720 BLACKSTONE BUILDING**
CITY-ST-ZIP **JACKSONVILLE FL 32202**TITLE **TD** ☒ Delete
NAME **FOSTER, B**
STREET ADDRESS **8003 STARGRASS COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32210**TITLE **PD** ☒ Delete
NAME **HARRELL, G.**
STREET ADDRESS **3948 SUNBEAM ROAD, # 8**
CITY-ST-ZIP **JACKSONVILLE FL 32257**TITLE **D** ☒ Delete
NAME **FOSTER, CHUCK**
STREET ADDRESS **12125 NEW BERLIN RD**
CITY-ST-ZIP **JACKSONVILLE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Chris Kloeppel**
STREET ADDRESS **7932 Quailwood Dr.**
CITY-ST-ZIP **Jax. FL. 32256**TITLE **VPD** ☐ Change ☒ Addition
NAME **Frank Reinstine**
STREET ADDRESS **1519 San Mateo Ave**
CITY-ST-ZIP **Jacksonville, FL. 32207**TITLE **D** ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Bernie Smith**
CITY-ST-ZIP **1827 Holly Flower Lane**
Orange Park, FL. 32067TITLE **SD** ☐ Change ☒ Addition
NAME **John Thomas**
STREET ADDRESS **4859 Maywood Dr**
CITY-ST-ZIP **Jacksonville, FL. 32277**TITLE **D** ☐ Change ☒ Addition
NAME **Glen Harrell**
STREET ADDRESS **3948 Sunbeam Rd. #8**
CITY-ST-ZIP **Jacksonville, FL. 32257**

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

Date

Daytime Phone #

CR2E037 (10/00)