## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE AND TYPED OR PRIN

## **DOCUMENT # N44436** May 19, 2000 8:00 am Secretary of State LEE COUNTY BOWHUNTERS, INC. 05-19-2000 90052 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 2560 EVANS AVE. 2560 EVANS AVE. FORT MYERS FL 33901-5356 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address 650 Hww. 29 South Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0319972 Not Applicable Country \$8:75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 005lev Street Address (P.O. Box Number is Not Acceptable) BAUMAN, TED 2560 EVANS AVE. Hiway 29 South FORT MYERS FL 33901 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. Addition Delete TITLE Woosley, Dan 1650 Huy 29 South ☐ Change NAME BAUMAN, TED NAME STREET ADDRESS STREET ADDRESS **468 GRENIER DRIVE** LuBelle FL 33935 CITY-ST-ZIP CITY-ST-ZIP N FORT MYERS FL TITI F Delete TITLE ☐ Change Addition Kurz, Dave NAME COLEMAN, LEE and Evelid Ave. STREET ADDRESS STREET ADDRESS 106 3RD STREET Acres, FL 33936 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL Delete TITLE ☐ Change Addition TITI F NAME NAME BALL, MIKE 660 Addison St. East STREET ADDRESS STREET ADDRESS 212 SE 4TH PLACE Lehigh Acres FL CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL ☐ Change Addition ☐ Delete TITLE TITLE at Catanzariti, Joe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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