

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90050 020 ****61.25

DOCUMENT # N97000001197



1. Entity Name
SHARK SHOOTOUT CHARITIES, INC.

Principal Place of Business
**501 NORTH A1A
JUPITER FL 33477**

Mailing Address
**501 NORTH A1A
JUPITER FL 33477**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0736877**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HANLON, M T
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

Name **JACK SCHNEIDER**

Street Address (P.O. Box Number is Not Acceptable)
501 NORTH A1A

City **Jupiter**

FL Zip Code **33477**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Jack Schneider

(NOTE: Registered Agent signature required when reinstating)

DATE **3/5/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, GREG	
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VASD	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, PAUL B.	
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, LAURA	
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAPP, G W	
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	WOLF, KAREN	
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRASSY, RICHARD	
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JACK SCHNEIDER, Exec VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Brian Collins COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	Lynn Davis, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	Frank Chikichian, Direct	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 NORTH A1A	
CITY-ST-ZIP	JUPITER, FL 33477	

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 empowerments.

SIGNATURE

[Signature] Jack Schneider Exec VP 3/5/03 501-743-8819

CR2E037 (10/02)