2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N31905** Feb 15, 2000 8:00 am Secretary of State 1. Entity Name MARCO ISLAND ROD AND GUN CLUB, INC. 02-15-2000 90050 024 ****61.25 Principal Place of Business Mailing Address PO BOX 2104 PO BOX 2104 MARCO ISLAND FL 34146-104 MARCO ISLAND FL 34146-2104 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0276781 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREUSEL, JAMIE B. 1104 N. COLLIER BLVD MARCO ISLAND FL 33937 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Change Addition **VPD** Delete TITLE TITLE NAMÉ gozio zamat NAME RICHARDSON, ROBERT STREET ADDRESS 1724 WAVECREST CT STREET ADDRESS 242 Pou CITY-ST-ZIP 34145 CITY-ST-ZIP MArco Is MARCO ISLAND FL 34145 Addition Change TITLE ☐ Delete TITLE TD くり mordecal NAME NAME DARR, TOM 40 So, HEATh-LOOK Dr. STREET ADDRESS STREET ADDRESS 451 SAND HILL STREET CITY-ST-ZIP CITY-ST-ZIP -MARCO ISLAND-FL Addition Delete TITLE SD TITLE NAMÉ NAME J=KLEIN, TONY STREET ADDRESS STREET ADDRESS 980 SAN MARCO RD 34143 CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Change Addition TITLE Delete TITLE NAME NAME ROGERS, RICHARD STREET ADDRESS STREET ADDRESS 1542 SAN MARCO RD CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 office like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED PANE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #