

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729308

1. Entity Name

SEMINOLE COUNTY GUN AND ARCHERY ASSOCIATION, INC

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90037 034 ****61.25

Principal Place of Business

Mailing Address

PO BOX 2222
SANFORD FL 32772-2222
US

PO BOX 2222
SANFORD FL 32772-2222
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2575017

Applied For

Not Applicable

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

PEPPLER, THOMAS R
1420 ALAFAYA TRAIL
STE 101
OVIEDO FL 32765

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PEAGLER, JIMMY
STREET ADDRESS PO BOX 621796
CITY-ST-ZIP OVIEDO FL 32762

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME BOYER, RANDALL
STREET ADDRESS 1200 NORTH VOLUSIA AVE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☒ Change ☐ Addition
NAME ~~SD~~ VD
STREET ADDRESS CHUCK YEAGER
CITY-ST-ZIP 107 WINDING RIDGE DR.
SANFORD FL 32773

TITLE SD ☒ Delete
NAME HORN, CHARLES
STREET ADDRESS 975 DREPSSEN HOOK DR
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS JOHN RITZ
CITY-ST-ZIP 10066 CHESHAM DR.
ORLANDO FL 32817

TITLE TD ☒ Delete
NAME GANZ, ED
STREET ADDRESS 850 MAURY RD U20
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS DEBORAH A. BOYLE
CITY-ST-ZIP 867 BENCHWOOD DR.
WINTER SPRINGS FL 32708

TITLE D ☒ Delete
NAME GORHAM, ED
STREET ADDRESS 595 SANDY PINES DR
CITY-ST-ZIP ORANGE CITY FL

TITLE ☒ Change ☐ Addition
NAME BEN MAGALDINO
STREET ADDRESS 1362 AVEUSTA NTL. BLVD.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE SD ☒ Delete
NAME YEAGER, CHUCK
STREET ADDRESS 107 WINDING RIDGE DR
CITY-ST-ZIP SANFORD FL 32773

TITLE ☒ Change ☐ Addition
NAME DOUGLAS HULSE
STREET ADDRESS 348 OAKLEAF CR.
CITY-ST-ZIP LAKE MARY FL
32476-3063

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

PRESIDENT

3-19-02

407-365-4648

Date

Daytime Phone #

CR2E037 (9/01)