

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90087 015 ***150.00

DOCUMENT # 126445

1. Entity Name
ASSOCIATED OUT-DOOR CLUBS INC

Principal Place of Business 8300 NEBRASKA TAMPA FL 33604	Mailing Address 8300 NEBRASKA TAMPA FL 33604
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671336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0148040	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HATER, JOHN M 8300 NEBRASKA AVE. TAMPA FL 33604			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATER, JOHN M.		NAME	ROBERT E. HATER II	
STREET ADDRESS	1508 S TRASK STREET		STREET ADDRESS	1330 NEEB ROAD	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	CINCINNATI, OH 45233	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDWILL, C.W. JR.		NAME	BIDWILL, C.W. JR.	
STREET ADDRESS	911 SUNSET ROAD		STREET ADDRESS	22 REGENT WOOD ROAD	
CITY-ST-ZIP	WINNETKA IL		CITY-ST-ZIP	NORTHFIELD, IL 60093	
TITLE	C	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATER JR, HARRY J.		NAME	STEVEN W. HATER	
STREET ADDRESS	5575 PALISADES DRIVE		STREET ADDRESS	5560 PALISADES DRIVE	
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP	CINCINNATI, OH 45238	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, WILLIAM, JR		NAME	ROBERT PITOCHELLI	
STREET ADDRESS	8901 COUNTY LINE RD		STREET ADDRESS	2827 FOREST MILL LANE	
CITY-ST-ZIP	HINSDALE IL		CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILE, JAMES E		NAME		
STREET ADDRESS	251 LLWYDS LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Hater Date: 1-5-01 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0340380

CR2E034 (10/00)