

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702868

1. Entity Name

NEW FORT MYERS GUN CLUB INC

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90068 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

943 SE 11TH AVENUE  
CAPE CORAL FL 33980  
US

Mailing Address

2622 N.W. 4TH STREET  
CAPE CORAL FL 33983-7032  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1843594

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

TAMUTIS, MICHAEL W.  
2967 RIBBON CT.  
FT MYERS FL 33905

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 ☐ Delete  
NAME P  
STREET ADDRESS GALLO, MORRIS  
CITY-ST-ZIP 12734 KENWOOD LANE S.W.  
FORT MYERS FL 33907

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TAMUTIS, MICHAEL W  
CITY-ST-ZIP 2967 RIBBON CT.  
FT MYERS FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS DUNN, LEE  
CITY-ST-ZIP 2622 N.W. 4TH STREET  
CAPE CORAL FL 33909

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KROUSE, JAMES  
CITY-ST-ZIP 303 BELAIRE RD.  
FORT MYERS FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BEDFORD, ROBERT  
CITY-ST-ZIP 621 S.W. 3RD CT #102A  
CAPE CORAL FL 33991

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-00 941-574-4444

CR2E037 (9/99)