

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702868

1. Entity Name

NEW FORT MYERS GUN CLUB INC

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90021 033 ****61.25

Principal Place of Business

943 SE 11TH AVENUE
CAPE CORAL FL 33990
US

Mailing Address

2622 N.W. 4TH STREET
CAPE CORAL FL 33993
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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)