2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # 705137 1. Entity Name WYOMING ANTELOPE CLUB, FLORIDA CHAPTER, INC. 04-23-2001 90034 002 ****61.25 Principal Place of Business Mailing Address P.O. BOX 22352 3700 126TH AVE N $\mathbf{v} \cdot \mathbf{v} \sim \mathbf{v} \cdot \mathbf{v}$ ST PETERSBURG FL 33742-2352 PO BOX 724 PINELLAS PK FL 34664 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2506422 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCNAMARA, JOHN M 5763 CEDAR STREET, N.E. ST.PETERSBURG FL 33703 Zip Code City 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 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** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MCNAMÁRA, JOHN M NAME NAME STREET ADDRESS STREET ADDRESS 5763 CEDAR STREET, N.E. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 35703 SD Change ☐ Addition ☐ Delete TITLE TITLE DIPPLE, FRANK B. NAME NAME 7070 60TH STREET N STREET ADDRESS STREET ADDRESS 1 CITY-ST-7IP CITY-ST-ZIP PINELLAS PARK FL ☐ Change ☐ Addition ☐ Delete TITLE HAYWORTH, CHARLES R NAME NAME 1320 50TH AVENUE NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33703 🗖 Change ☐ Addition TITLE Delete TITLE HARREL, ART DAN PRICE. 13B72-75TLAVE NAME NAME 13891 8TH AVENUE, N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL SEMMOLE, FL 33776 ☐ Change Addition TITLE ☐ Delete TITLE TADDER, DAVE NAME NAME STREET ADDRESS 7350 14TH STREET NE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME BRVSO, ROBERT NAME BILL MAL MANN STREET ADDRESS 461 28TH AVE. NO. STREET ADDRESS 9010-55 WAY

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.

CITY-ST-ZIP

SIGNATURE:

SAINT PETERSBURG FL 33704

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BINSORIR-

PINEUNS PARK, FL 33782