

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705137

1. Entity Name

WYOMING ANTELOPE CLUB, FLORIDA CHAPTER, INC.

Principal Place of Business

3700 126TH AVE N
PO BOX 724
PINELLAS PK FL 34664

Mailing Address

P.O. BOX 22352
ST PETERSBURG FL 33742-2352
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

59-2506422

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

MCNAMARA, JOHN M
5763 CEDAR STREET, N.E.
ST.PETERSBURG FL 33703

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 SD ☐ Delete
NAME MCNAMARA, JOHN M
STREET ADDRESS 5763 CEDAR STREET, N.E.
CITY-ST-ZIP ST PETERSBURG FL 35703

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

TITLE SD ☐ Delete
NAME DIPPLE, FRANK B.
STREET ADDRESS 7070 60TH STREET N
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE ☐ Delete
NAME HAYWORTH, CHARLES R
STREET ADDRESS 1320 50TH AVENUE NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

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

TITLE P ☐ Delete
NAME PRICE, DAN
STREET ADDRESS 13872 75TH AVE
CITY-ST-ZIP SEMINOLE FL 33776

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

TITLE D ☐ Delete
NAME TADDER, DAVE
STREET ADDRESS 7350 14TH STREET NE
CITY-ST-ZIP ST. PETERSBURG FL 33713

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

TITLE VP ☐ Delete
NAME ALMANN, BILL
STREET ADDRESS 9010 55 WAY
CITY-ST-ZIP PINELLAS PARK FL 33782

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 of Bill Almann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 9, 2002 727-527-2656
Date Daytime Phone #

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90429 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)