

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90195 035 \*\*\*\*61.25

**DOCUMENT # 711146**

1. Entity Name

**DELTONA SPORTSMEN'S CLUB, INC.**

Principal Place of Business

**1270 FIELDSTONE AVE  
 DELTONA FL 32725**

Mailing Address

**1270 FIELDSTONE AVE  
 DELTONA FL 32725**

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

**71-1146740**

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

**PARKER, WILLIAM M  
 1270 FIELDSTONE AVE  
 DELTONA FL 32725**

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 **S** ☐ Delete  
 NAME **MUGRIDGE, WILLIAM E**  
 STREET ADDRESS **1564 MERRIMAL LANE**  
 CITY-ST-ZIP **DELTONA FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MARSHALL, PAUL**  
 STREET ADDRESS **1780 HALLCREST DR**  
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **P** ☐ Delete  
 NAME **MCDONALD, FRED**  
 STREET ADDRESS **984 W GAUCHO CIRCLE**  
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ROMAINE, EDWARD**  
 STREET ADDRESS **105 MAPLE DR**  
 CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **T** ☐ Delete  
 NAME **PARKER, WILLIAM**  
 STREET ADDRESS **1270 FIELDSTONE AVENUE**  
 CITY-ST-ZIP **DELTONA FL**

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

TITLE **D** ☒ Delete  
 NAME **FRANKIEWICZ, LEONARD**  
 STREET ADDRESS **1015 DAWSON DR**  
 CITY-ST-ZIP **DELTONA FL**

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

TITLE **D** ☐ Delete  
 NAME **TIFFET, PAUL E**  
 STREET ADDRESS **34 WEST LAKE COURT**  
 CITY-ST-ZIP **ORANGE CITY FL 32763**

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

TITLE **V** ☐ Delete  
 NAME **GERARD, EUGENE**  
 STREET ADDRESS **1198 N. OLD MILL DR**  
 CITY-ST-ZIP **DELTONA FL 32725**

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:

*WILLIAM M PARKER*

**WILLIAM M PARKER 22 JAN 01 407-574-1840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)