

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90057 020 ****61.25

DOCUMENT # 711146

1. Entity Name

DELTONA SPORTSMEN'S CLUB, INC.

Principal Place of Business

Mailing Address

1270 FIELDSTONE AVE
 DELTONA FL 32725

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



DO NOT WRITE IN THIS SPACE

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 MERRIMAC LANE**
 CITY-ST-ZIP **DELTONA FL**

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

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

TITLE **D** ☒ Delete
 NAME **MARSHALL, PAUL**
 STREET ADDRESS **1780 HALLERROSS DR**
 CITY-ST-ZIP **DELTONA FL 32725**

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

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

TITLE **V** ☐ Change ☒ Addition
 NAME **KNIGHT, JOHN F**
 STREET ADDRESS **880 LAKESHORE DRIVE**
 CITY-ST-ZIP **ENTERPRISE, FL 32725**

TITLE **S** ☐ Change ☒ Addition
 NAME **DRAGOUN, FRANK J**
 STREET ADDRESS **1610 N. PAGEDA**
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **D** ☐ Change ☒ Addition
 NAME **MUGRIDGE, WILLIAM E**
 STREET ADDRESS **1564 MERRIMAC LANE**
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROMAINE, EDWARD**
 STREET ADDRESS **154 N. LEISURE WORLD DR**
 CITY-ST-ZIP **DEBARY, FL 32713**

TITLE ☐ Change ☐ Addition
 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:

William M Parker **WILLIAM M PARKER** 2 FEB 02 386-574-1840
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)