

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90127 008 \*\*\*\*61.25

**DOCUMENT # 718944**

1. Entity Name

**EVERGLADES GUN CLUB, INC.** ✓

Principal Place of Business

510 HIALEAH DR.  
 HIALEAH FL 33010  
 US

Mailing Address

510 HIALEAH DR.  
 HIALEAH FL 33010  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**18-0203366**

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

**NELSON, STEPHEN D**  
**11920 S.W. 324 ST.**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After September 13, 2002,**  
**min. will be \$236.25.**

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          | VD                | <input type="checkbox"/> Delete |
| NAME           | CHERRY, HARRY     |                                 |
| STREET ADDRESS | 810 EUCLID AVE.   |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL    |                                 |
| TITLE          | VD                | <input type="checkbox"/> Delete |
| NAME           | NELSON, STEVE     |                                 |
| STREET ADDRESS | 19929 SW 324 ST.  |                                 |
| CITY-ST-ZIP    | HOMESTEAD FL      |                                 |
| TITLE          | VD                | <input type="checkbox"/> Delete |
| NAME           | GORE, RICHARD     |                                 |
| STREET ADDRESS | 14321 S.W. 20 ST. |                                 |
| CITY-ST-ZIP    | DAVIE F           |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *STEPHEN D. NELSON*

7-10-02 805 F&F 8776

CR2E037 (4/02)