

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718967

1. Entity Name

THE ENGLEWOOD PISTOLEERS CLUB, INC.

Principal Place of Business

Mailing Address

6992 BARGELLO ST
ENGLEWOOD FL 34224
US

6992 BARGELLO ST
ENGLEWOOD FL 34224-8019
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
460 INDIANA AVE S
ENGLEWOOD FL 34223

4. FEI Number

59-2352818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MULRYAN, WILLIAM	6992 BARGELLO ST	ENGLEWOOD FL 34224	<input type="checkbox"/>
D	MILLER, BERNARD	6548 THORMAN RD	PT CHARLOTTE FL	<input type="checkbox"/>
ST	MULRYAN, PATRICIA	6992 BARGELLO ST	ENGLEWOOD FL 34224	<input type="checkbox"/>
VD	WARFEL, DEAN	608 PINE NEEDLE LANE	ENGLEWOOD FL	<input type="checkbox"/>
D	YAWN, SIDNEY	1024 ELAINE ST.	VENICE FL	<input type="checkbox"/>
D	STANLEY, FOSTER	7472 ESCONDIDO ST.	ENGLEWOOD FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert A. Dickinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/2000 941/474-257

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90010 044 ****61.25



DO NOT WRITE IN THIS SPACE