

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730114

1. Entity Name

SOUTH TAMiami TRAIL RANGERS BLACK POWDER RIFLE AND PISTOL CLUB, INC.

Principal Place of Business

Mailing Address

29494 CLARK DRIVE
PUNTA GORDA FL 33982
US

29494 CLARK DRIVE
PUNTA GORDA FL 33982
US

2. Principal Place of Business

3. Mailing Address

29494 Clark Drive
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State
Punta Gorda, FLA.

City & State

Zip
33982 Country
Charlotte

Zip Country

4. FEI Number 59-1885543

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

MODESTO, JACK M.
29494 CLARK DRIVE
PUNTA GORDA FL 33982

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
NAME PD
STREET ADDRESS MURPHY, THOMAS
CITY-ST-ZIP 17405 LEBANON RD
FORT MYERS FL 33912 ☐ Delete

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

TITLE
NAME VP
STREET ADDRESS BRODBECK, GARY
CITY-ST-ZIP 10540 MARIE ST
FORT MYERS FL 33905 ☐ Delete

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

TITLE
NAME S
STREET ADDRESS BRODBECK, GINA
CITY-ST-ZIP 10540 MARIE ST
FORT MYERS FL 33905 ☐ Delete

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

TITLE
NAME T
STREET ADDRESS MODESTO, JACK
CITY-ST-ZIP 29494 CLARK DRIVE
PUNTA GORDA FL ☐ Delete

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

TITLE
NAME D
STREET ADDRESS LEE, RAY
CITY-ST-ZIP 24300 AIRPORT ROAD
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS NORMANTH, ALGRID
CITY-ST-ZIP 1915 SE 20TH ST
CAPE CORAL FL 33990 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90077 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)