

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90161 046 \*\*\*\*61.25

**DOCUMENT # 730114**

1. Entity Name

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



Principal Place of Business

**29494 CLARK DRIVE  
PUNTA GORDA FL 33982  
US**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

*Jack M. Modesto*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **VP** ☐ Change ☐ Addition  
NAME **Daisey, Robert**  
STREET ADDRESS **534 Lindley TERR.**  
CITY-ST-ZIP **FORT CHARLOTTE, FLA. 33982**

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

TITLE **Sec.** ☐ Change ☐ Addition  
NAME **Schettino, Robert**  
STREET ADDRESS **26201 BARCELOS CT**  
CITY-ST-ZIP **FORT CHARLOTTE, FLA.**

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

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

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

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

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

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

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:

*Jack M. Modesto*

**4-28-03**

**1-441-505-1679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)