

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90149 012 ****61.25

DOCUMENT # 736532

1. Entity Name
SUNSHINE GUN CLUB, INC.



Principal Place of Business

**ZARRELLA ST.
PALM CITY FL 34990
US**

Mailing Address

**C/O 905 S.E. FLAMINGO AVE.
STUART FL 34996
US**

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 **59-1678907**

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

**TRAYLOR, E. M., III
FLAMINGO AVE.
STUART FL 34996**

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

Edward M. Traylor III

Edward M. Traylor III

1-25-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **HATAWAY, BILL D**
STREET ADDRESS **895 S.W. 34TH TERRACE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **Sec/Tre** ☐ Change ☒ Addition
NAME **Traylor, Edward M. III**
STREET ADDRESS **905 SE Flamingo Ave**
CITY-ST-ZIP **STUART, FL 34996**

TITLE **VP** ☐ Delete
NAME **FERGUSON, WILLIAM**
STREET ADDRESS **8404 S.E. WOODMERE ST.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE **D** ☐ Delete
NAME **FOGEL, MARVIN**
STREET ADDRESS **3731 SW SPOONBILL TERRACE**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **D** ☐ Delete
NAME **PHILLIPS, ROBERT L**
STREET ADDRESS **1076 S.W. CATALINA ST.**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **D** ☐ Delete
NAME **MYERS, ROBERT M**
STREET ADDRESS **2408 S.W. DAMFORTH CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **D** ☐ Delete
NAME **JORDAN, PETER**
STREET ADDRESS **2578 S.E. BLACKWELL DRIVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

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:

Edward M. Traylor III

Edward M. Traylor III

(772)

1-25-03 220-8378

CR2E037 (10/02)