

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743043

1. Entity Name

MANATEE COUNTY GUN AND ARCHERY CLUB, INC.

Principal Place of Business

120-53RD AVE W  
BRADENTON FL 34206  
US

Mailing Address

120 53RD AVENUE WEST  
PO BOX 297  
BRADENTON FL 34207  
US

2. Principal Place of Business

1805 Logue Rd  
Suite, Apt. #, etc.

3. Mailing Address

Po Box 20789  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MYAKKA CITY FL

City & State

BRADENTON FL

4. FEI Number

59-1859462

Applied For

Not Applicable

Zip

34251

Country

USA

Zip

34204

Country

USA

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

PITTS, SHERMAN E.

RT-1 BOX 438-16 4375 274th ST. E  
MYAKKA CITY FL 34251

Name

CALEB J. GRIMES, ATTY

Street Address (P.O. Box Number is Not Acceptable)

1023 MANATEE AVE W.

City

BRADENTON

FL

Zip Code

34205

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

*Caleb J. Grimes*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

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 PD  
NAME PITTS, S E  
STREET ADDRESS RT-1 BOX 438-16 4375 274th ST. E  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE VD  
NAME PATTON, KEN  
STREET ADDRESS 9210 63 AVE E.  
CITY-ST-ZIP BRADENTON FL 34202

TITLE SD  
NAME FOWINKLE, ROBERT W.  
STREET ADDRESS 120 53RD AVE W.  
CITY-ST-ZIP BRADENTON FL 34202

TITLE TD  
NAME PITTS, KAREN  
STREET ADDRESS RT-1 BOX 438-16 4375 274th ST. E.  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE VP  
NAME SMITH, DAVID  
STREET ADDRESS 7401 13TH AVE W  
CITY-ST-ZIP BRADENTON FL 34209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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:

*Karen Pitts*

DATE

4-23-01

Daytime Phone #

941-755-2628

Karen Pitts Treasurer/director 5-11-01 941-322-1909

CR2E037 (10/00)