

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90296 047 \*\*\*\*61.25

**DOCUMENT # 743043**

1. Entity Name

**MANATEE COUNTY GUN AND ARCHERY CLUB, INC.**



Principal Place of Business

**1805 LOGUE ROAD  
MYAKKA CITY FL 34251  
US**

Mailing Address

**P.O. BOX 20789  
BRADENTON FL 34204  
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 **59-1859462**

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

**PITTS, SHERMAN E  
4375 274TH STREET EAST  
MYAKKA CITY FL 34251**

7. Name and Address of New Registered Agent

Name **CALEB Grimes - Atty.**  
Street Address (P.O. Box Number is Not Acceptable) **1013 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CALEB GRIMES Atty**

**4-20-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EWING, NEIL JR</b> <b>8425 CYPRESS LAKE CIR</b> <b>SARASOTA FL 34243</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, ROBERT</b> <b>2363 LANDINGS CIRCLE</b> <b>BRADENTON FL 34209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, RICHARD</b> <b>10521 BRENDLE ROAD</b> <b>MYAKKA CITY FL 34251</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DOUTHETT, BRIAN</b> <b>154 MILL RUN EAST</b> <b>BRADENTON FL 34202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> <b>MILLS, LARRY</b> <b>3102 VESPER AVE</b> <b>BRADENTON FL 34202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>SHATTUCK, MIT JR</b> <b>11322 BLUE SAGE PLACE</b> <b>BRADENTON FL 34202</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Robert W Fowinkle</b> <b>120 53rd AVE W.</b> <b>BRADENTON, FL 34207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Bob MENDE</b> <b>4839 Mt VERNON DR</b> <b>BRADENTON, FL 34210</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>BRIAN DOUTHETT</b> <b>154 MILL RUN EAST</b> <b>BRADENTON FL 34212</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>LARRY MILLS</b> <b>3102 VESPER AVE.</b> <b>BRADENTON, FL 34202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1st Vice President</b> <b>JIM BYRAM</b> <b>6128 BATES ST.</b> <b>BRADENTON, FL 34207</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: **Robert W Fowinkle** **Robert W. Fowinkle** **1-3-03** **941-755-2628**

0090026

CR2E037 (10/02)