

# 2002 UNIFORM BUSINESS REPORT (UBR)

0451463 AV

DOCUMENT # F03119

1. Entity Name  
SPORTSMAN'S LODGE DEVELOPMENT CORP.

FILED

02 APR 11 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

BOX 15707  
ST PETERSBURG FL 33733  
US

Mailing Address

BOX 15707  
ST PETERSBURG FL 33733  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2067840

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

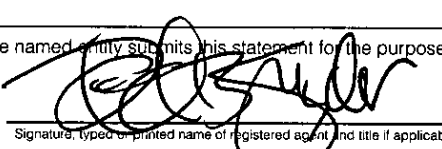
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DELANO, G. KRISTIN~~  
360 CENTRAL AVE  
ST PETERSBURG FL 33701

Name David B. Snyder  
Street Address (P.O. Box Number is Not Acceptable)  
360 Central Ave.  
City St. Petersburg FL Zip Code 33701

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  David B. Snyder, Esq. 3/15/02  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BRUBAKER, RICHARD M  
STREET ADDRESS 360 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition  
NAME 400005389824-3  
STREET ADDRESS -04/30/02--01020--001  
CITY-ST-ZIP \*\*\*7972.75 \*\*\*\*150.00

TITLE S ☒ Delete  
NAME DELANO, G. KRISTIN  
STREET ADDRESS 360 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE AS ☐ Change ☒ Addition  
NAME Haire, Nancy C.  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE S ☐ Delete  
NAME SNYDER, DAVID B  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE D ☐ Delete  
NAME BENJAMIN, BARRY B  
STREET ADDRESS FORT STREET, P.O. BOX 1369 N/A  
CITY-ST-ZIP GEORGE TOWN GR BWI

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

TITLE D ☐ Delete  
NAME CAMPBELL, DESMOND  
STREET ADDRESS FORT STREET, P.O. BOX 1369 N/A  
CITY-ST-ZIP GEORGE TOWN GR BWI

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

TITLE D ☐ Delete  
NAME SMITH, JOHN E  
STREET ADDRESS FORT STREET, P.O. BOX 1369 N/A  
CITY-ST-ZIP GEORGE TOWN GR BWI

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Nancy C. Haire 3/15/02 727 823-4000  
Assistant Secretary Date Daytime Phone #

CR2E034 (9/01)