

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90074 029 ***150.00

0516652 AV

DOCUMENT # F27471

1. Entity Name

BOAR'S HEAD DARTING, INC.

Principal Place of Business

**6523 GATEWAY AVE.
SARASOTA FL 34231**

Mailing Address

**6523 GATEWAY AVE.
SARASOTA FL 34231**

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

59-2104430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUDIGER, RICHARD G
6979 EASTON CT
SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name **RUDIGER, RICHARD G**
Street Address (P.O. Box Number is Not Acceptable) **7419 WEEPING WILLOW DRIVE**
City **SARASOTA** FL Zip Code **34241**

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

[Signature]
RICHARD G. RUDIGER

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-02

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	RUDIGER, RICHARD G	
STREET ADDRESS	6979 EASTON COURT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUDIGER, CHARLES W	
STREET ADDRESS	3 VIEW RD	
CITY-ST-ZIP	SETAUKET NY 11733	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDIGER, LUCILLE T	
STREET ADDRESS	3 VIEW RD	
CITY-ST-ZIP	SETAUKET NY 11733	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDIGER, KATHERYN G	
STREET ADDRESS	6979 EASTON COURT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDIGER, JUNE	
STREET ADDRESS	3888 EASTON ST	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDIGER, RICHARD G	
STREET ADDRESS	7419 WEEPING WILLOW DRIVE	
CITY-ST-ZIP	SARASOTA, FLA 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDIGER, KATHERYN G.	
STREET ADDRESS	7419 WEEPING WILLOW DRIVE	
CITY-ST-ZIP	SARASOTA, FLA 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

[Signature]
PRES.

4-2-02 (941) 922-4066

CR2E034 (9/01)