

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001550

1. Entity Name

THE NORTH AMERICAN ARCHERY GROUP, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 1:02

Principal Place of Business

Mailing Address

ATTN: ACCOUNTS PAYABLE  
4600 SOUTHWEST 41ST BLVD  
GAINESVILLE FL 32608-4999

ATTN: ACCOUNTS PAYABLE  
4600 SOUTHWEST 41ST BLVD  
GAINESVILLE FL 32608-4934

2. Principal Place of Business

4600 SW 41st Blvd.

Suite, Apt. #, etc.

3. Mailing Address

4600 SW 41st Blvd.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

65-0952420

Applied For

Not Applicable

Zip

Country

32608-4934

US

Zip

Country

32608-4999

US

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Henry J. Spurlin

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

4600 SW 41st Blvd.

City

Gainesville

FL

Zip Code  
32608

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

*Henry J. Spurlin*

Henry J. Spurlin Exec VP & COO

09/26/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW!!! FEE IS \$50.00~~

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE  
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CITY - ST - ZIP

☐ Change

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Edward B. Ward*

RECEIVED

Edward B. Ward, Treasurer 9/26/00 352-376-232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #