## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M9900001550						FIL	E0	_	
THE NORTH AMERICAN ARCHERY GROUP, LLC					.DI	SECRETARY IVISION OF C	ORPORATI	ÖNS	
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Principal Place of Business Mailing Address					,,	,0,101	,		ļ
	INTS PAYABLE VEST 41ST BLVD	ATTN: ACCOUNTS PAYABLE 4600 SOUTHWEST 41ST BL						- ()	
GAINESVILLE FL 32608-4999 GAINESVILLE FL					118	1018   1019   1019   1019   1019   1019   1019   1019   1019   1019   1019   1019   1019   1019   1019   101	A 11		8)([] <b>88</b> () ( <b>88</b>
	lace of Business SW 41st Blvd.	3. Mailing Address 4600 SW 41st Blvd.			118	\$100H IIS 10H 10H 10H 1	3147 E8111 46114 68	III <b>4410</b> 1 (1 <b>41</b> ) <b>1</b> 11 <b>6</b> 1	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	Δ	City & State	City & State		4. FEI Number Applied For				
Gainesville, FL		Gainesville, FL		-		-0952420		No	t Applicable.
Zip	Country	Zip Country 32608-4999 US			5. Certificate of Status Desired				
32608-4934 US 32608-4999 U 6. Name and Address of Current Registered Agent				J	7. Name a	and Address of N	ew Registere	<u></u>	1
Name					enry J. Spürlin				
	PORATION SYSTEM		Street A	Henry J. Spurlin Street Address (P.O. Box Number is Not Acceptable)					
	JTH PINE ISLAND ROAD ON FL 33324		-	160		/1a+ Dl.			
1 Buttition 1 E door			City	4600 SW 41st Blvd.  Gainesville  FL 32608					
								5200	
8. The above named entry 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 Exec VP & COO 09/26/00  Signature, typed cy, mighty ame of repulsed agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE.IS \$50.00									
		Make Check Paya	•			<del></del>			
9. TITLE	MANAGING MEMBE	RS/MEMBERS	10. TITLE	MCT		ADDITI	ONS/CHANG	Change	<b>√</b> Addition
NAME		LJ DEBOLD	NAME	MGF Pål		Charles		<u>_</u>	<b>~</b>
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C174 - 87 - 21P			CITY-8T-IIP			lle. FI		3-4999	
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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.									

Daytime Phone #

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