

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90045 046 *****61.25

U553432

DOCUMENT # N00000001177

1. Entity Name

SOUTH FLORIDA SKEET SHOOTERS ASSOCIATION, INC.

Principal Place of Business

5828 WASHINGTON STREET
HOLLYWOOD FL 33023

Mailing Address

5828 WASHINGTON STREET
HOLLYWOOD FL 33023

2. Principal Place of Business

5828 WASHINGTON
Suite, Apt. #, etc.

3. Mailing Address

5828 WASHINGTON
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL
Zip Country

City & State

Hollywood
Zip Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

MONTOTO, TEDDY L
7721 S.W. 62ND AVE., SUITE 101
SOUTH MIAMI FL 33143

Name

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

City

FL

Zip Code

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, 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME THOMPSON, GERALD
STREET ADDRESS 5828 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33023

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

TITLE D ☐ Delete
NAME NANGLE, JAMES
STREET ADDRESS 8101 S.W. 184TH LANE
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D ☐ Delete
NAME DARAS, THOMAS
STREET ADDRESS 240 S.W. 30TH STREET, BAY 2
CITY-ST-ZIP FT. LAUDERDALE FL 33315

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

TITLE D ☐ Delete
NAME THOMPSON, JOHN
STREET ADDRESS 7440 S.W. 93RD AVENUE
CITY-ST-ZIP MIAMI FL 33173

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

TITLE D ☒ Delete
NAME MORRISON, ROBERT
STREET ADDRESS 16175 N.W. 49TH AVENUE
CITY-ST-ZIP MIAMI FL 33014

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)