

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90092 025 ****70.00

DOCUMENT # N00000001199

1. Entity Name

RED-SNOOK TOURNAMENTS, INC.

Principal Place of Business

Mailing Address

**2759 RYAN BOULEVARD
PUNTA GORDA FL 33950**

**2759 RYAN BOULEVARD
PUNTA GORDA FL 33950**

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

65-1026059

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

**KINGERY, GENE
2759 RYAN BOULEVARD
PUNTA GORDA FL 33950**

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 ☐ Delete
NAME **KINGERY, GENE**
STREET ADDRESS **2759 RYAN BOULEVARD**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☒ Addition
NAME **CAPT. RALPH ALLEN**
STREET ADDRESS **235 POMPAO TERRACE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
NAME **THOMPSON, BILL**
STREET ADDRESS **1641 BOB-O-LINK COURT**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☒ Addition
NAME **BONNIE SIMS**
STREET ADDRESS **3361-3 NEW S. PROVINCE**
CITY-ST-ZIP **FT MYERS, FL 33907**

TITLE ☐ Delete
NAME **LEONARD, BOB**
STREET ADDRESS **3482 SUNRISE TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☒ Addition
NAME **LEW HARRIS**
STREET ADDRESS **3979 SAN PIETRO**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME **BROWN, BOB**
STREET ADDRESS **22377 PEACHLAND BOULEVARD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☒ Addition
NAME **BRYAN KEHOE**
STREET ADDRESS **5166 NORLANDER**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE ☐ Delete
NAME **HAMILTON, TOM**
STREET ADDRESS **499 SORRENTO COURT**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE ☐ Delete
NAME **GINTER, GARY**
STREET ADDRESS **113 GREAT ISAAC COURT**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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:

GENE KINGERY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 941-639-0292

CR2E037 (9/01)