

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003021

1. Entity Name

ASSOCIATION OF TRADITIONAL HUNTING ARCHERS, INC.

Principal Place of Business

2601 W FOUNTAIN BLVD  
TAMPA FL

Mailing Address

2601 W FOUNTAIN BLVD  
TAMPA FL

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

59-3656288

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

CAMPBELL, JOHN R  
2601 W FOUNTAIN BLVD  
TAMPA FL

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  
After September 12, 2001, min. will be \$236.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAHLBERG, JIM  
HC 52 BOX 174K5  
HOT SPRINGS SD 57747

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TORRES, DEAN  
7425 FONTANELLE RD  
OSTRANDER OH 43061

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROOK, JOHN  
15 MIDWOOD CIR  
YOUNGSTOWN OH 44512

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATTSON, CORY  
1719 WILKINS DR  
SANFORD NC 27330

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MUSSATTO, TOM  
7926 RENKEN RD  
WORDEN IL 62097

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHARP, LON  
445 S. 3RD ST  
HOT SPRINGS FL 57747

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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  
DEAN TORRES

8/2/01 (740) 666-2861

FILED  
Aug 07, 2001 8:00 am  
Secretary of State

08-07-2001 90008 041 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)