

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90336 019 ****70.00

DOCUMENT # N00000003021

1. Entity Name

ASSOCIATION OF TRADITIONAL HUNTING ARCHERS, INC.

Principal Place of Business

Mailing Address

**2601 W FOUNTAIN BLVD
TAMPA FL**

**2601 W FOUNTAIN BLVD
TAMPA FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3656288

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE ☐ Delete
 NAME **D TORGES, DEAN**
 STREET ADDRESS **7425 FONTANELLE RD**
 CITY-ST-ZIP **OSTRANDER OH 43061**

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

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

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

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

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

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

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

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

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 REQUIRED

Lon Sharp

April 29, 2002

605 745 4937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)