

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90002 040 ****61.25

DOCUMENT # N16519

1. Entity Name

FLORIDA SPORT SHOOTING ASSOCIATION, INC.

Principal Place of Business

**8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211
US**

Mailing Address

**PO BOX 8906
JACKSONVILLE FL 32239-0906
US**

2. Principal Place of Business

332 Blacktail Ct

3. Mailing Address

332 Blacktail Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

4. FEI Number

59-2731767

Applied For

Not Applicable

Zip

32703

Country

Orange

Zip

32703

Country

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VARGAS, CLARK
8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name
Mary E. Palider, Treasurer

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

City

Apopka,

FL

Zip Code

32703

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 **Mary E. Palider**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mary E. Palider 2/10/01

**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

TITLE **VD** ☐ Delete
NAME **HUX, WILL**
STREET ADDRESS **5030 OLD KINGS RD NW**
CITY-ST-ZIP **JACKSONVILLE FL 32254-1184**

TITLE **SD** ☐ Delete
NAME **NIGG, HERBERT**
STREET ADDRESS **700 EXPERIMENT STATION RD**
CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **TD** ☒ Delete
NAME **OTERO, DAVID**
STREET ADDRESS **6800 ANECIA AVE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **PD** ☒ Delete
NAME **VARGAS, CLARK**
STREET ADDRESS **4524 JULINGTON CREEK RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **TD** ☒ Change ☐ Addition
NAME **Mary E. Palider**
STREET ADDRESS **332 Blacktail Ct**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **PD** ☒ Change ☐ Addition
NAME **Mark Evans**
STREET ADDRESS **1390 Elmbank Way**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE ☐ Change ☐ Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary E. Palider 407-880-2295

Date

Daytime Phone #

CR2E037 (10/00)