

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16519

1. Entity Name

FLORIDA SPORT SHOOTING ASSOCIATION, INC.

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91220 046 ****61.25

Principal Place of Business

332 BLACKTAIL CT
APOPKA FL 32703
US

Mailing Address

332 BLACKTAIL CT
APOPKA FL 32703
US

301605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

332 Blacktail Ct

Suite, Apt. #, etc.

3. Mailing Address

332 Blacktail Ct

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

7. Name and Address of New Registered Agent

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 Mary E. Palider

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

(NOTE: Registered agent signature required when reinstating)

4/28/02

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

TITLE Vice President ☒ Change ☐ Addition
NAME Albert Dart
STREET ADDRESS 5915 Viking Rd
CITY-ST-ZIP Orlando, FL 32808

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

TITLE Secretary ☒ Change ☐ Addition
NAME Michael Langfield
STREET ADDRESS 2121 Pimlico St
CITY-ST-ZIP Orlando, FL 32822-8312

TITLE TD
NAME PALIDER, MARY E ☐ Delete
STREET ADDRESS 332 BLACKTAIL CT
CITY-ST-ZIP APOPKA FL 32703

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

TITLE PD
NAME EVANS, MARK ☐ Delete
STREET ADDRESS 1390 ELMBANK WAY
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

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

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: Mary E. Palider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E-MAIL - FLWissl@Juno.com

4/28/02 407-880-2295

Date

Daytime Phone #

CR2E037 (9/01)