

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90145 014 ****61.25

DOCUMENT # N16519

1. Entity Name

FLORIDA SPORT SHOOTING ASSOCIATION, INC.



Principal Place of Business

**332 FBLACKTAIL CT
APOPKA FL 32703
US**

Mailing Address

**332 FBLACKTAIL CT
APOPKA FL 32703
US**

2. Principal Place of Business

**4923 Sunnybrook Dr
Suite, Apt. #, etc.
#24**

3. Mailing Address

**4923 Sunnybrook Dr #24
Suite, Apt. #, etc.**

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

34653

Country

USA

Zip

34653

Country

USA

6. Name and Address of Current Registered Agent

**PALIDER, MARY E T
332 BLACKTAIL CT
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **JOSEPH M. De Costa**
Street Address (P.O. Box Number is Not Acceptable)
4923 SUNNY BROOK DR #24
City **New Port Richey** FL Zip Code **34653**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOSEPH M De Costa**

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

Joseph M De Costa Tres.

(NOTE: Registered Agent signature required when reinstating)

02/23/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **DART, ALBERT**
STREET ADDRESS **5915 VIKING ROAD**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** ☐ Delete
NAME **LANGFIELD, MICHAEL**
STREET ADDRESS **2121 PIMLICO ST**
CITY-ST-ZIP **ORLANDO FL 32822-8312**

TITLE **PD** ☒ Delete
NAME **PALIDER, MARY E**
STREET ADDRESS **332 BLACKTAIL CT**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **VP** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **JOE DE COSTA** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4923 SUNNYBROOK DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **THOMAS BRUSHARD** ☐ Change ☒ Addition
NAME
STREET ADDRESS **5921 BLACK THORN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE
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:

THOMAS BRUSHARD 2-22-03 904 219 1059

CR2E037 (10/02)