FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

ress, with all other like empowered

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # N22232** 1. Entity Name TALLAHASSEE BOWHUNTERS ASSOCIATION, INC. 04-27-2001 90337 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 4897 SPRINGHILL RD 4004 FORSYTHE WAY TOKOGOO TALLAHASSEE FL 32310 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE (IAMASSEE City & State 4. FEI Number Applied For 59-2916829 323/0 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired UŠ 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) CAMPBELL, KEN 4004 FORSYTHE WAY TALLAHASSEE FL 32308 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Addition CAMPBELL, KEN NAME NAME STREET ADDRESS STREET ADDRESS 4004 FORSYTHE WAY CITY-ST-7IP CITY-ST-ZIP <u>Tallahassee fl</u> TITLE TITLE **X**Addition NAME SMITH, DANNY NAME STREET ADDRESS STREET ADDRESS 6050 DOME LEVEL RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32304 TITLE TD ☐ Delete TITLE Change ☐ Addition NELSON, CLIF NAME NAME STREET ADDRESS 6823 HILL GAIL TRAIL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete TITLE TITLE ☐ Change Addition NAME HARGROVE, DON NAME STREET ADDRESS STREET ADDRESS 6812 HILL GAIL TR CITY-ST-ZIP CITY-ST-ZIP <u>TALLAHASSEE</u> FL TITLE ☐ Delete Change Addition NAME GURR, RONNIE STREET ADDRESS STREET ADDRESS 43 ROYAL OAKS CT. CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL 32327 TITLE Delete ☐ Change Addition NAME FRANCISCO, EDDIE STREET ADDRESS STREET ADDRESS 6255 WHITTANDALE DR. CiTY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32312 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