## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N22232

FILED Apr 23, 2003 Secretary of State

Entity Name: TALLAHASSEE BOWHUNTERS ASSOCIATION, INC.

Current Pi	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
4897 SPRINGHILL RD TALLAHASSEE, FL 32310				4897 SPRINGHILL RD TALLAHASSEE, FL 32305		
Current Mailing Address:			New Maili	New Mailing Address:		
1897 SPRINGHILL RD TALLAHASSEE, FL 32310				4897 SPRINGHILL RD TALLAHASSEE, FL 32305		
El Number:	59-2916829	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of S	ctatus Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registere	ed Agent:	
TALLAHAS	SÝTHE WAY SSEE, FL 3230					
	named entity s of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or registe	red agent, or both,	
SIGNATUF						
	Electror	ic Signature of Registered Agen	t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	PD () CAMPBELL, KE 4001 FORSYTH TALLAHASSEE	HE WAY	Title: Name: Address: City-St-Zip:	()Change ()Add	ition	
Fitle: Name: Address: Dity-St-Zip:	D () DENNIS, BRIAN 2106 WOODST TALLAHASSEE	OCK LN.	Title: Name: Address: City-St-Zip:	()Change ()Add	ition	
Fitle: Name: Nddress: City-St-Zip:	TD () NELSON, CLIF 6823 HILL GAIL TALLAHASSEE	. TRAIL	Title: Name: Address: City-St-Zip:	()Change ()Add	ition	
Fitle: Name: Nddress: Dity-St-Zip:	SD () NELSON, JOSH 6823 HILL GAIL TALLAHASSEE	. TR	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Add PAUL, DAVE SECRETA 1908 SHARON RD. TALLAHASSEE, FL 32303	ition	
Fitle: Name: Address: City-St-Zip:	D () HUTCHISON, D 5011 EASY ST. TALLAHASSEE		Title: Name: Address: City-St-Zip:	()Change ()Add	ition	
Fitle: Name: Address: Dity-St-Zip:	D () CALIFF, WAYN RT 3, BOX 389 BRISTOL, FL 3		Title: Name: Address: City-St-Zip:	()Change ()Add	ition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH M. CAMPBELL PRES 04/23/2003

SCOTT MC NUTT; DIRECTOR 1815 DEVRA DR TALLAHASSEE, FL 32301

PARNELL OLIVER; V. PRESIDENT 2118 FAULK DR. TALLAHASSEE, FL 32303

SCOTT MC NUTT; DIRECTOR 1815 DEVRA DR

PARNELL OLIVER; V. PRESIDENT 2118 FAULK DR. TALLAHASSEE, FL 32303

SCOTT MC NUTT; DIRECTOR 1815 DEVRA DR

PARNELL OLIVER; V. PRESIDENT 2118 FAULK DR. TALLAHASSEE, FL 32303