

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90260 001 ****61.25

DOCUMENT # N28411

1. Entity Name

KISSIMMEE RIVER VALLEY SPORTSMANS ASSOCIATION, IN

Principal Place of Business

Mailing Address

PO BOX 1299
DUNDEE FL 33838
US

PO BOX 1299
DUNDEE FL 33838-1299
US

80016250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2962822

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORE, RHONDA
8028 HATCHINEHA RD
HAINES CITY FL 33844

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **P**
STREET ADDRESS **RENNEY, JR J**
CITY-ST-ZIP **2075 ISLE ROYAL CT #263**
WINTER HAVEN FL 33880

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MOORE, RHONDA**
CITY-ST-ZIP **2328 HATCHINEHA ROAD**
HAINES CITY FL 33844

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **MOORE, RHONDA**
CITY-ST-ZIP **8028 HATCHINEHA ROAD**
HAINES CITY FL 33844

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Rhonda Gibson**
CITY-ST-ZIP **P.O. Box 1571**
Davenport, FL 33836-1571

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KALEY, GENA**
CITY-ST-ZIP **2016 SPIRIT LAKE RD**
WINTER HAVEN FL 33880

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **POPE, TOBY**
CITY-ST-ZIP **1723 TERRY CIRCLE**
WINTER HAVEN FL 33881

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Phillip Griner**
CITY-ST-ZIP **7030 Hatchineha Rd.**
Haines City, FL 33844

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRANTLEY, DANNY**
CITY-ST-ZIP **3800 GREAT MASTERPIECE RD**
LAKE WALES FL 33853

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01

Date

863-438-0349

Daytime Phone #

CR2E037 (10/00)