

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91012 012 ****61.25

DOCUMENT # N33875

1. Entity Name

NORTH CENTRAL FLORIDA SPORTSMAN ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 23642
 GAINESVILLE FL 32601

P.O. BOX 23642
 GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

STRAUB, PETER A
11317 S.W. 86 PLACE
GAINESVILLE FL 32608

Name

MICHAEL P. BAKER

Street Address (P.O. Box Number is Not Acceptable)

11721 SW 16 STREET

WACAHOTA RD - PRAIRE SOUTH

City

MICAHOPY

FL

Zip Code

32667

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: *Michael P. Baker* **MICHAEL P. BAKER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/01

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 **PD** ☐ Delete
 NAME **DISSELL, JEFFREY**
 STREET ADDRESS **2240 NW 36 AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MICHAEL P. BAKER**
 STREET ADDRESS **11721 SW 16 ST. WACAHOTA RD - PRAIRE**
 CITY-ST-ZIP **MICAHOPY, FL 32667-9801 SOUTH**

TITLE **VPD** ☐ Delete
 NAME **STINNETT, MARK**
 STREET ADDRESS **4906 NW 29 PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **DON LOFTOS**
 STREET ADDRESS **14903 NW 29TH STREET**
 CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **SD** ☐ Delete
 NAME **MCCRACKEN, GLORIA**
 STREET ADDRESS **5219 SW 70TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME **JACK SCHUDEL**
 STREET ADDRESS **P.O. BOX 12707**
 CITY-ST-ZIP **GAINESVILLE, FL 32604**

TITLE **TD** ☐ Delete
 NAME **STRAUB, PETER A**
 STREET ADDRESS **11317 S.W. 86 PLACE**
 CITY-ST-ZIP **GAINESVILLE FL**

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 persons empowered.

SIGNATURE: *Michael P. Baker* **MICHAEL P. BAKER** **4/22/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **352466-4071**

CR2E037 (10/00)