

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

BAKER, MICHAEL P  
11721 SW 16 STREET  
WACAHOTA RD-PRAIRE SOUTH  
MICANOPY FL 32687

Name DON LOFTUS

Street Address (P.O. Box Number Is Not Acceptable)  
14903 NW 29TH STREET

City GAINESVILLE

FL

Zip Code  
32609

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 DON LOFTUS Don Loftus PRESIDENT 4/29/02  
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 PD ☒ Delete  
NAME BAKER, MICHAEL P  
STREET ADDRESS 11721 SW 16 STREET  
CITY-ST-ZIP MICANOPY FL 32687-9801

TITLE PD ☒ Change ☐ Addition  
NAME DON LOFTUS  
STREET ADDRESS 14903 NW 29 STREET  
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE VPD ☐ Change ☒ Addition  
NAME JEFF DISSELL  
STREET ADDRESS 2240 NW 36 AVE  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE SD ☐ Delete  
NAME SCHUDEL, JACK  
STREET ADDRESS PO BOX 12707  
CITY-ST-ZIP GAINESVILLE FL 32604

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

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 like empowered.

SIGNATURE:

Peter A. Straub  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (392) 992-8045  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)