

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90103 038 ****61.25

DOCUMENT # N40547

1. Entity Name

NO DOE SPORTSMENS CLUB, INC.

Principal Place of Business

Mailing Address

**MONROE JOHNSON RD.
 KINARD FL 32449**

**PO BOX 217
 KINARD FL 32449-0217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3067727

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, STEVE
 1113 WEST BUCKNELL AVENUE
 INVERNESS FL 34451**

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: **VD** Delete
 NAME: **MILES, JEFFREY D.**
 STREET ADDRESS: **5197 STEWART DRIVE**
 CITY-ST-ZIP: **PANAMA CITY FL 32401**

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

TITLE: **PD** Delete
 NAME: **JOHNSON, RODNEY**
 STREET ADDRESS: **P.O. BOX 217 N/A**
 CITY-ST-ZIP: **KINARD FL 32449**

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

TITLE: **STD** Delete
 NAME: **JOHNSON, STEVE**
 STREET ADDRESS: **PO BOX 373 N/A**
 CITY-ST-ZIP: **INVERNESS FL 34451**

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

TITLE: Delete
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TITLE: Change Addition
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TITLE: Change Addition
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 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* **RESTEVED JOHNSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/00 **352-344-5792**
 Date Daytime Phone #

CR2E037 (9/99)