

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90008 015 ****61.25

DOCUMENT # N40547

1. Entity Name

NO DOE SPORTSMENS CLUB, INC.

Principal Place of Business

MONROE JOHNSON RD.
KINARD FL 32449

Mailing Address

PO BOX 217
KINARD FL 32449

2. Principal Place of Business

3. Mailing Address

7901 S.W. MONROE JOHNSON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KINARD FLORIDA

4. FEI Number

59-3067727

Applied For

Not Applicable

Zip

Country

32449

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, STEVE

1113 WEST BUCKNELL AVENUE

INVERNESS FL 34451

7. Name and Address of New Registered Agent

Name STEVE JOHNSON

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

7901 S.W. MONROE JOHNSON ROAD

City KINARD

FL

Zip 32449

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

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 7901 SW Monroe Johnson Rd
CITY-ST-ZIP Kinard, FL 32449

☒ Change ☐ Addition

TITLE STD
NAME JOHNSON, STEVE
STREET ADDRESS 7901 S.W. MONROE JOHNSON ROAD
CITY-ST-ZIP KINARD, FL 32449

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

STEVE JOHNSON

03/15/02

850-639-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)