

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90058 021 ****61.25

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DOCUMENT # N45937

1. Corporation Name

SPORTING CLAYS OF TAMPA BAY, INC.

Principal Place of Business

15720 APACHE DR
THONOTOSASSA FL 33592
US

Mailing Address

PO BOX 16998
TEMPLE TERRACE FL 33687
US



2. Principal Place of Business

21 **10514 Ehren Cutoff**

Suite, Apt. #, etc.

22 City & State

23 **Land O' Lakes, Fl**

24 Zip **34639** 25 Country **US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **33687** 29 Country **US**

3. Date Incorporated or Qualified

11/08/1991

4. FEI Number

59-3093851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HILLARD, SAM
8959 MAGNOLIA CHASE CIRCLE
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD GRABILL, JOHN B**
STREET ADDRESS **321 FERN CLIFFCHASE CIR**
CITY-ST-ZIP **TEMPLE TERRACE FL 33549**

TITLE ☐ DELETE

NAME **TD SEMAGO, JOHN**
STREET ADDRESS **740 S DAVIS BLVD**
CITY-ST-ZIP **TEMPLE TERRACE FL 33606**

TITLE ☐ DELETE

NAME **PD HILLARD, SAM**
STREET ADDRESS **8959 MAGNOLIA CHASE CIRCLE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME **VPD VANDERHOOK, RICHARD**
STREET ADDRESS **4435 AAVE CANNES**
CITY-ST-ZIP **LUTZ FL 33546**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **321 Ferncliff Avenue**
1.4 CITY-ST-ZIP **Temple Terrace, Fl 33687**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **Tampa, Florida**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **4435 Ave. Cannes**

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/24/99

813-989-9104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)