

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45937

1. Entity Name

SPORTING CLAYS OF TAMPA BAY, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90059 006 ****61.25

Principal Place of Business

Mailing Address

10514 EHREN CUTOFF
LAND O' LAKES 34639
US

PO BOX 16998
TEMPLE TERRACE FL 34639-7153
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 291538

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, Florida

4. FEI Number

59-3093851

Applied For

Not Applicable

Zip

Country

Zip

Country

33687

US

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

HILLARD, SAM
8959 MAGNOLIA CHASE CIRCLE
TAMPA FL 33647

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 ☐ Delete
NAME SD
STREET ADDRESS GRABILL, JOHN B
CITY-ST-ZIP 321 FERNCLIFF AVE.
TEMPLE TERRACE FL 33549

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS SEMAGO, JOHN
CITY-ST-ZIP 740 S DAVIS BLVD
TAMPA FL 33606

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

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

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS VANDERHOOK, RICHARD
CITY-ST-ZIP 4435 AVE. CANNES
LUTZ FL 33546

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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 813 989 4104