

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004975

1. Entity Name

GULF RIFLE CLUB, INC.

FILED

May 24, 2002 8:00 am
Secretary of State

05-24-2002 91300 014 ****61.25

Principal Place of Business

Mailing Address

HIGHWAY 71: 1 MILE N OR PT ST JOE
PORT ST. JOE FL 32456
US

PO BOX 333
PORT ST. JOE FL 32457
US

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

59-3053345

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

FADIO, JOHN
1011 WOODWARD AVE.
PORT ST. JOE FL 32456

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 DP
NAME WINFIELD, JOHN ☒ Delete
STREET ADDRESS 700 RIDGE RD.
CITY-ST-ZIP EAST POINT FL 32328

TITLE DP
NAME CARL KLEISSCHMIDT ☒ Change ☐ Addition
STREET ADDRESS 516 ALPINE WAY
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE DV
NAME HORTON, JAMES ☐ Delete
STREET ADDRESS 7148 HWY 71
CITY-ST-ZIP WEWAHITCHKA FL

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

TITLE DS
NAME FADIO, JOHN ☐ Delete
STREET ADDRESS 1011 WOODWAD AVE.
CITY-ST-ZIP PORT ST. JOE FL

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *John A. Fadio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02 850-219-8421

Date

Daytime Phone #

CR2E037 (9/01)