

2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # N93000005436

1. Entity Name

STRAIGHT SHOOTERS HUNTING CLUB, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-21-2000 90093 003 ****70.00

Principal Place of Business

Mailing Address

310 ELMIRA ST
MILTON FL 32570

PO BOX 696
MILTON FL 32572-0696

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3265181

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

DAN STEWART, P.A.

310 ELMIRA ST
MILTON FL 32570
4519 Highway 90
Pace FL 32571

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	PD	<input type="checkbox"/> Delete
NAME	HERR, FRITZ	
STREET ADDRESS	3117 ABEL AVE	
CITY-ST-ZIP	PACE FL 32571	D
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARCHER, MICKEY	
STREET ADDRESS	3120 ABEL AVE	
CITY-ST-ZIP	PACE FL 32571	D
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, RODNEY	
STREET ADDRESS	5161 DOGWOOD DR., STE 51	
CITY-ST-ZIP	MILTON FL 32570	D
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JAMES, RODNEY	
STREET ADDRESS	5220 POPULAR STREET	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)