

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002575

1. Entity Name

CIGAR CITY SHOOTERS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90013 012 ****61.25

Principal Place of Business

13951 7TH STREET
SUITE 11
DADE CITY FL 33525

Mailing Address

PO BOX 942
DADE CITY FL 33526-0942

2. Principal Place of Business

7722 Bougenville Dr.
Suite, Apt. #, etc.

3. Mailing Address

7722 Bougenville Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Richey FL

City & State

Port Richey FL

4. FEI Number

65-0458706

Applied For

Not Applicable

Zip

34668

Country

USA

Zip

34668

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT W. OWENS
13951 7TH ST., STE 11
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Sharon DelWitt

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

7722 Bougenville Dr.

City

Port Richey

FL

Zip Code

34668

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

Sharon N. DelWitt

Sharon N. DelWitt

4/3/00

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 P/D ☐ Delete

NAME WILLIS, DAVE
STREET ADDRESS 1901 DOUGLAS AVENUE
CITY-ST-ZIP CLEARWATER FL 34615

TITLE VP/D ☒ Delete

NAME DRUSE, MARTY
STREET ADDRESS 990 SUNSET DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE S/D ☐ Delete

NAME DEWITT, SHARON
STREET ADDRESS 7722 BOUGENVILLE DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE T/D ☒ Delete

NAME OWENS, ROBERT W.
STREET ADDRESS 37411 HICKORY HILL LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE CD ☒ Delete

NAME WILLIAM SCHNEDLER
STREET ADDRESS 3394 ENDSLEY RD.
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☒ Delete

NAME ANTHONY GIORLANDO
STREET ADDRESS 8406 PAVILION DR.
CITY-ST-ZIP HUDSON FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/D ☒ Change ☐ Addition

NAME DeWitt Donald
STREET ADDRESS 7722 Bougenville Dr.
CITY-ST-ZIP Port Richey FL 34668

TITLE T/D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☒ Change ☐ Addition

NAME Jeannie Hutchinson
STREET ADDRESS 26030 Mondon Hill Rd.
CITY-ST-ZIP Brooksville FL 34601

TITLE ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Sharon N. DelWitt

Sharon N. DelWitt

4/20/00

727-868-5757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)