

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003669

1. Entity Name

JEFFERSON LONGRIFLES, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90037 030 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 14073
TALLAHASSEE FL 32302

P.O. BOX 14073
TALLAHASSEE FL 32317-4073

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

59-3263986

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

MCCLAIN, STEPHEN E
ROUTE 2, BOX 4952
CRAWFORDVILLE FL 32327

Name

Dana Anderson

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

2409 Mexia Ave

City

Tallahassee

FL

Zip Code

32304

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

Dana Anderson Treasurer

5/31/2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	TEHAN, GARY	
STREET ADDRESS	5084 LOUVENIA DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ASHE, DUANE A	
STREET ADDRESS	5084 LOUVENIA DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, DAVE	
STREET ADDRESS	2409 MEXIA AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, DAVE	
STREET ADDRESS	2409 MEXIA AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRYOR, ROBERT	
STREET ADDRESS	6687 HANDOVER CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, JOHN	
STREET ADDRESS	8031 BUCKLAKE RD	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Jackson	
STREET ADDRESS	PO Box 4335	
CITY-ST-ZIP	Tallahassee, FL 32315	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deni Bloomquist	
STREET ADDRESS	1242 Tallavanna Tr.	
CITY-ST-ZIP	Havanna, FL 32333	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Bloomquist	
STREET ADDRESS	1242 Tallavanna Tr.	
CITY-ST-ZIP	Havanna, FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

DAVE ANDERSON

5/31/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)