

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000003576**

1. Entity Name

West Florida Practical Shooters, Inc.

Principal Place of Business

**2559 Augustus Dr.
Marianna, FL 32448**

Mailing Address

**2559 Augustus Dr.
Marianna, FL 32448**

2. Principal Place of Business

2559 Augustus Dr.
Suite, Apt. #, etc.

3. Mailing Address

2559 Augustus Dr.
Suite, Apt. #, etc.

City & State

Marianna, FL

City & State

Marianna, FL

4. FEI Number

N/A

Applied For

☒ Not Applicable

Zip

32448

Country

Jackson

Zip

32448

Country

Jackson

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Oliver, James R.
2807 Jefferson St.
Marianna, FL 32448**

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

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	President	<input type="checkbox"/> Delete
NAME	Partis, James R.	
STREET ADDRESS	2973 Maridale Rd	
CITY-ST-ZIP	Marianna, FL 32448	<input checked="" type="checkbox"/>
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Allen, William J.	
STREET ADDRESS	P.O. Box 5769	
CITY-ST-ZIP	Marianna, FL 32447	<input checked="" type="checkbox"/>
TITLE	Secretary & Treasurer	<input type="checkbox"/> Delete
NAME	Oliver, James R.	
STREET ADDRESS	2559 Augustus Dr.	
CITY-ST-ZIP	Marianna, FL 32448	<input checked="" type="checkbox"/>
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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*******61.25 *****61.25**

SP

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:

James R. Oliver

11-7-00

350-482-3196

CR2E037 (5/00)

FILED
00 DEC 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE