

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90690 018 ****61.25

DOCUMENT # N96000001323

1. Entity Name

TRI-STATE ARCHERS, INC.

Principal Place of Business

**1541 YEARLING TRAIL
TALLAHASSEE FL 32311-9539**

Mailing Address

**1541 YEARLING TRAIL
TALLAHASSEE FL 32311-9539**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **32317-8539** Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **32317-8539** Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ATKINSON, DEBORAH S
1541 YEARLING TRAIL
TALLAHASSEE FL 32311-9539**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32317

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

TITLE **PD** ☐ Delete
NAME **AUSTIN, OLIVER L III**
STREET ADDRESS **POST OFFICE BOX 907**
CITY-ST-ZIP **TALLAHASSEE FL 32302-0907**

TITLE **STD** ☐ Delete
NAME **ATKINSON, DEBORAH S**
STREET ADDRESS **1541 YEARLING TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32311-9539**

TITLE **D** ☐ Delete
NAME **AUSTIN, TIMOTHY O**
STREET ADDRESS **1710 SW 76 TERR**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32317-8539**

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

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

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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:

Deborah S. Atkinson 5/24/02 850-644-0298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)