2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # N9700000296 May 18, 2000 8:00 am Secretary of State 1. Entity Name NORTH FLORIDA HANDICAPPED SPORTSMEN, INCORPORATE 05-18-2000 90350 032 ****61.25 Principal Place of Business Mailing Address 3972 LAZY ACRES ROAD 3972 LAZY ACRES ROAD MIDDLEBURG FL 32068 MIDDLEBURG FL 32068-4908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3426350 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) OWENS, RONNIE 3972 LAZY ACRES ROAD MIDDLEBURG FL 32068 City 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. SAM SIGNATURE (NOTE: Registered Agent signature required 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE OWENS, RONNIE E. NAME NAME 3972 LAZY ACRES ROAD STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FULLER, ALTON NAME NAME STREET ADDRESS 2436 WEST SR 16 STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP CITY-ST-ZIP · 🔲 Change ☐ Addition TITI F ☐ Delete TITLE DOUGHTY, ERIC NAME NAME 290 MAGNOLIA AVE STREET ADDRESS STREET ADDRESS atlantic Beach FL 32233 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TIT1 F Delete TITLE HARRELSON, STEVE NAME 221 PALMETTO AVE STREET ADDRESS STREET ADDRESS FLORAHOME FL 32140 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition THOMAĎ, DAVE Thomas, Dave NAME NAME 3134 MARRANO DR. STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS 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

Davtime Phone #