

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000296

1. Entity Name

NORTH FLORIDA HANDICAPPED SPORTSMEN, INCORPORATE

Principal Place of Business

3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068

Mailing Address

3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3426350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, RONNIE
3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068

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

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
NAME OWENS, RONNIE E.
STREET ADDRESS 3972 LAZY ACRES ROAD
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE V
NAME FULLER, ALTON
STREET ADDRESS 2436 WEST SR 16
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE D
NAME DOUGHTY, ERIC
STREET ADDRESS 290 MAGNOLIA AVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE D
NAME HARRELSON, STEVE
STREET ADDRESS 221 PALMETTO AVE
CITY-ST-ZIP FLORAHOME FL 32140 ☐ Delete

TITLE T
NAME THOMAS, DAVE
STREET ADDRESS 3134 MARRANO DR.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice-President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS 1553 Kingfisher Blvd.
CITY-ST-ZIP Orange Park, FL 32065

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:

Dave Thomas Dave Thomas

4/20/01

904-542-4898

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90024 041 ****61.25

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DO NOT WRITE IN THIS SPACE

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