

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000296

1. Entity Name

NORTH FLORIDA HANDICAPPED SPORTSMEN, INCORPORATE  
D

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

Principal Place of Business

Mailing Address

3972 LAZY ACRES ROAD  
MIDDLEBURG FL 32068

3972 LAZY ACRES ROAD  
MIDDLEBURG FL 32068

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

59-3426350

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

OWENS, RONNIE  
3972 LAZY ACRES ROAD  
MIDDLEBURG FL 32068

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Delete

☐ Change

☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6/19/02 90930 022 61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
THOMAS, DAVE  
1553 KINGFISHER BLVD  
ORANGE PARK FL 32065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*William D. Thomas Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 909-542-5323

Date

Daytime Phone #