

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006218

1. Entity Name

FIRST COAST SPORT SHOOTING ASSOCIATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90066 007 ****61.25

Principal Place of Business

Mailing Address

8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211
US

8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-6003
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3476079

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VARGAS, CLARK
8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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

TITLE PD
NAME REBMAN, BEN
STREET ADDRESS 8181 BARRACUDA RD
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

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

TITLE PD
NAME ANPANAVICH, PAUL
STREET ADDRESS 2868 HILSDALE HARBOR WAY
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE VD
NAME WATTS, JAMES
STREET ADDRESS 2819 IROQUOIS AVE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE VD
NAME VARGAS, CLARK
STREET ADDRESS 8596 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

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

TITLE TD
NAME CARAPELLOTTI, JOE
STREET ADDRESS 9644 BAYOU BLUFF DR
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

TITLE SD
NAME ERICKSON, RANDY
STREET ADDRESS 9028 LATIMER RD W
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

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

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:

Randy Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

904-739-4213

Date

Daytime Phone #

CR2E037 (9/99)