## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # N98000000286 Sep 18, 2000 8:00 am 1. Entity Name Secretary of State BIG-SUN SHOOTING COMPLEX, INC. 09-18-2000 90045 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 47 S.W. 17TH STREET 47 S.W. 17TH STREET OCALA FL 34471 OCALA FL 34471 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 4. FEI Number 59-3508175 Not Applicable Zip 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) BERK, CHARLES E 2603 S.E. 17TH STREET, STE.C **OCALA FL 34471** City Zip Code 🔖. 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. 1911 April -00 TES 40 ED SIGNATURE DATE Signature, typed or, printed name of registered agent and title if applicable $\mathcal{M}_{\mathfrak{p},\mathfrak{p}'\mathfrak{q}'}$ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. П After September 13, 2000 min. will be \$236.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition D: \* + 32 -3 Delete TITLE ☐ Change TITLE NAME MANSFIELD, BARRY NAME STREET ADDRESS 112 NE 12TH ST. STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP OCALA FL 34470 ☐ Addition ☐ Delete Change TITLE TITLE NAME GAITANIS, TOM NAME STREET ADDRESS 20070 S.W. 77TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34430** TITLE TITLE Delete markham, SPINKS, MARVIN NAME NAME STREET ADDRESS 7130 S.W. 93RD. ST.RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34476** Diamond, michael TITLE ☐ Change Addition TITL F X Delete OTTO, WARREN NAME NAME 11685 E. Blue Cove STREET ADDRESS STREET ADDRESS 7380 NW 110TH ST bunnellon, Fl 34431 CITY-ST-ZIP CITY-ST-ZIP REDDICK FL 32686 Change ☐ Addition TITLE Delete TITLE MATHEWS, ROBERT A JR. NAME MAME STREET ADDRESS STREET ADDRESS 14888 S.W. 111TH ST. CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34432** ☐ Addition TITLE Change TITLE Delete **GONZALES, ROBERT** NAME NAME STREET ADDRESS STREET ADDRESS 47 SW 17TH ST CITY-ST-ZIP City-ST-ZIP **OCALA FL 34471** 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

SIGNATURE: SWINGTHE REPRESENTED 175 BSK 9/8/00 352-489-280

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