

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000689

1. Entity Name

FLORIDA LADIES SKEET, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90043 030 ****61.25

Principal Place of Business

317 REDWING LN
ST AUGUSTINE FL 32084

Mailing Address

317 REDWING LN
ST AUGUSTINE FL 32084

2. Principal Place of Business

6870 SUNNYSIDE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

6870 SUNNYSIDE DRIVE
Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

4. FEI Number

59-3356328

Applied For

Not Applicable

Zip

Country

34748

USA

Zip

Country

34748

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOZARD, BARBARA T
317 REDWING LN
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name **WINNIE TUCKER**
Street Address (P.O. Box Number is Not Acceptable)
6870 SUNNYSIDE DRIVE
City **LEESBURG** FL Zip Code **34748**

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 *Barbara T. Bozard*
Signature, typed or printed name of registered agent and title if applicable.

BARBARA T. BOZARD

1-8-01

(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 **D** ☐ Delete
NAME **BOZARD, BARBARA T**
STREET ADDRESS **317 REDWING LN 1843 1/4 TRADD ST.**
CITY-ST-ZIP **ST AUGUSTINE FL 32084 CHARLESTON SC 29401**

TITLE **D** ☐ Delete
NAME **BEVERLY, MARY W**
STREET ADDRESS **3201 HORSESHOE TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **LAUSE, CAROLYN M**
STREET ADDRESS **1801 TRAVERSE DR**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **D** ☐ Delete
NAME **TUCKER, WINNIE**
STREET ADDRESS **6870 SUNNYSIDE DR**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: *Barbara T. Bozard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 (843) 577-0841

Date

Daytime Phone #

CR2E037 (10/00)