

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90126 023 ****61.25

DOCUMENT # N98000000689

1. Entity Name

FLORIDA LADIES SKEET, INC.



Principal Place of Business

**6870 SUNNYSIDE DRIVE
LEESBURG FL 34748**

Mailing Address

**6870 SUNNYSIDE DRIVE
LEESBURG FL 34748**

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 **59-3356328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TUCKER, WINNIE
6870 SUNNYSIDE DRIVE
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name
Fred H. Bozard III

Street Address (P.O. Box Number is Not Acceptable)
317 Redwing Lane

City
St. Augustine

FL

Zip Code
32080

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BOZARD, BARBARA T	
STREET ADDRESS	125 MARSH WALK CIR	
CITY-ST-ZIP	MOUNT PLEASANT SC 29464	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEVERLY, MARY W	
STREET ADDRESS	3201 HORSESHOE-TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUSE, CAROLYN M	
STREET ADDRESS	19680 N RIVER RD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, WINNIE	
STREET ADDRESS	6870 SUNNYSIDE DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Winnie Tucker **REQUIRED** **E TUCKER** **Apr 22, 2003**

CR2E037 (10/02)