

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002251

1. Entity Name

SOUTHEAST PRACTICAL SHOOTERS ASSOCIATION, INC.

Principal Place of Business

8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Mailing Address

8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-8003

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

59-3571187

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, CLARK
8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

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

TITLE PD
NAME HERRICK, F. WESLEY
STREET ADDRESS 7014 CAMFIELD STREET
CITY-ST-ZIP JACKSONVILLE FL 32222 ☐ Delete

TITLE VPD
NAME DRUMMOND, DAVID
STREET ADDRESS P.O. BOX 596
CITY-ST-ZIP HOLLISTER FL 32147 ☒ Delete

TITLE D
NAME CARTWRIGHT, JOEY
STREET ADDRESS 14208 CRYSTAL COVE DR, S.
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE D
NAME HAWES, TRACY
STREET ADDRESS 8610 WYNDHURST DR.
CITY-ST-ZIP JACKSONVILLE FL 32244 ☒ Delete

TITLE SD
NAME PERKINS, MARGUERITE
STREET ADDRESS 4404 BEVERLY AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE TD
NAME HERRICK, JANIE
STREET ADDRESS 7014 CAMFIELD STREET
CITY-ST-ZIP JACKSONVILLE FL 32222 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD
NAME ~~Fobg~~ Hargett, Toby
STREET ADDRESS Rte 1, Box 6743
CITY-ST-ZIP Palatka, FL 32177 ☐ Change ☒ Addition

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

TITLE D
NAME Gleason, Russell
STREET ADDRESS 6045 Shakespear Dr.
CITY-ST-ZIP Jacksonville, FL 32244 ☐ Change ☒ Addition

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

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: JANIE D. HERRICK JANIE D. HERRICK 1-26-00 904-771-7548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE