2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
 Entity Name 	MENT # N9900(e ast practical shooters a			•	29, 2001 08:0 cretary of St		[
Principal Place 8596 ARLINGT	e of Business FON EXPRESSWAY	Mailing Address 8596 ARLINGTON EXPRESSWAY	-					
JACKSONVILI 32211	LE FL	JACKSONVILLE 32211	FL					
2. Principal Place of Business						•		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State JACKSONVILI		City & State JACKSONVILLE	FL	4. FEI Number 59-35711		<u>_</u>	plied For ot Applicable	
Zip 32222	Country	Zip 32222	Country		f Status Desired	\$8.75 Add Fee Require	ditional d	
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	Address of New Registered	Agent	· · · · · · · · · · · · · · · · · · ·	
VARGAS	CLARK		k .	Name HERRICK JANIE D				
8596 ARLIN	IGTON EXPRESSWAY			Street Address (P.O. Box Number is Not Acceptable) 7016 CAMFIELD STREET				
JACKSONVILLE FL								
32211			City JACKS	ONVILLE FL Zip Code 32222			e	
SIGNATURE _	named entity submits this statement for JANIE D. HERRICK Signature, typed or printed name of registered agent a			ture required when reinstating)		9/2001		
	FILE NOW:	9. Election Campaign F Trust Fund Contributi	~ —	\$5.00 May Be Added to Fees	Make Check Departmen			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME	TD HERRICK JANIE	Delete	TITLE NAME	STD HERRICK JANIE	E	X Change	☐ Addition	
STREET ADDRESS	7014 CAMFIELD STREET		STREET ADDRESS	7014 CAMFIELD STREE	ET			
CITY-ST-ZIP	JACKSONVILLE	FL 32222	CITY-ST-ZIP	JACKSONVILLE	FL .	32222		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERKINS MARGUERITE 4404 BEVERLY AVENUE JACKSONVILLE	☑ Delete FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	D GLEASON RUSSELL 6045 SHAKESPEAR DR	☐ Delete	TITLE NAME STREET ADDRESS	D SUMMERLIN BAI 489 STARRATT ROAD	RRY #12	X Change	☐ Addition	
CITY-ST-ZIP	JACKSONVILLE	FL 32244	CITY-ST-ZIP	JACKSONVILLE	FL	32218		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTWRIGHT JOEY 14208 CRYSTAL COVE DR, S. JACKSONVILLE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS SYLVL 2202 MINORCAN STRE MIDDLEBURG		№ Change 32068	Addition	
TITLE	VD	□ Delete	TITLE	VD		X Change	☐ Addition	
NAME	HARGETT TOBY		NAME	DANIEL WEEKS	s		_	
STREET ADDRESS CITY-ST-ZIP	RT 1 BOX 6793		STREET ADDRESS	2202 MINORCAN STRE	CET	-		
	PALATKA	FL 32177	CITY-ST-ZIP	MIDDLEBURG	, FL	32068		

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

JACKSONVILLE

SIGNATURE: JANIE D. HERRICK

FL 32222

STD

05/29/2001