

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002251

1. Entity Name

SOUTHEAST PRACTICAL SHOOTERS ASSOCIATION, INC.

Principal Place of Business

7016 CAMFIELD STREET
JACKSONVILLE FL 32222

Mailing Address

7016 CAMFIELD STREET
JACKSONVILLE FL 32222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90014 040 ****70.00



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

HERRICK, JANIE D
7016 CAMFIELD STREET
JACKSONVILLE FL 32222

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

TITLE VD ☐ Delete
NAME DANIEL, WEEKS
STREET ADDRESS 2202 MINORCAN STREET
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☐ Delete
NAME WEEKS, SYLVIA
STREET ADDRESS 2202 MINORCAN STREET
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☐ Delete
NAME SUMMERLIN, BARRY
STREET ADDRESS 489 STARRATT ROAD #12
CITY-ST-ZIP JACKSONVILLE FL 32218

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

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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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:

Janie D Herrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

Date

904-771-7548

Daytime Phone #

CR2E037 (9/01)