2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# N99000002251

Entity Name: SOUTHEAST PRACTICAL SHOOTERS ASSOCIATION, INC.

Current Principal Place of Business:

7016 CAMFIELD STREET
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

7016 CAMFIELD STREET
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 59-3571187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERRICK, JANIE D
7016 CAMFIELD STREET
JACKSONVILLE, FL 32222

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERRICK, F. WESLEY
Address: 7014 CAMFIELD STREET
City-St-Zip: JACKSONVILLE, FL 32222

Title: VD ( ) Delete
Name: DANIEL, WEEKS
Address: 2202 MINORCAN STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: WEEKS, SYLVIA
Address: 2202 MINORCAN STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: SUMMERLIN, BARRY
Address: 489 STARRATT ROAD #12
City-St-Zip: JACKSONVILLE, FL 32218

Title: STD ( ) Delete
Name: HERRICK, JANIE
Address: 7014 CAMFIELD STREET
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BARRY, SUMMERLIN
Address: 489 STARRATT ROAD #12
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WELLS, BRUCE
Address: 11526 SIMMONS ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANIE D. HERRICK STD 04/28/2003

Electronic Signature of Signing Officer or Director — Date