

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006865

1. Entity Name

EVERGLADES CAP & BALL HISTORICAL SHOOTING SOCIETY, INC.

Principal Place of Business

804 S.E. 5 CT.
FT. LAUDERDALE FL 33301

Mailing Address

804 S.E. 5 CT.
FT. LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0969860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, BOB
804 S.E. 5 CT.
FT. LAUDERDALE FL 33301

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 CAMERON, BOB
STREET ADDRESS 804 SE 5 COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE VD
NAME AUSTEN, JOHN
STREET ADDRESS 3241 NW 19 TERRACE
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE DS
NAME DITTLE, GARY
STREET ADDRESS 8500 OLD COUNTRY ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33328 ☐ Delete

TITLE T
NAME RICHTER, JAKE
STREET ADDRESS 1920 SW 67 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: BOB CAMERON 4/23/02 954-523-6754

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90098 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)