

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036616

1. Entity Name

WAKULLA SPORTING GOODS, INC.

Principal Place of Business

863 VIOLET ST.  
TALLAHASSEE FL 32308

Mailing Address

863 VIOLET ST.  
TALLAHASSEE FL 32308

2. Principal Place of Business

1596 ~~BEE~~ Crawfordville Hwy  
Suite, Apt. #, etc.  
B-C

3. Mailing Address

1596 Crawfordville Hwy  
Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Crawfordville, FL

Zip

32327

Country

USA

Zip

32327

Country

USA

4. FEI Number

59-3640658

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A.  
1501 PARK AVE. E.  
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Mark R. Stafford	
STREET ADDRESS	863 Violet St	
CITY-ST-ZIP	Talla, FL 32308	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Donald E. Dempsey	
STREET ADDRESS	25 Ironwood Ct	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Donna W. Stafford	
STREET ADDRESS	863 Violet St	
CITY-ST-ZIP	Talla, FL 32308	
TITLE	Sec/Tres.	<input type="checkbox"/> Delete
NAME	Tracy A. Dempsey	
STREET ADDRESS	25 Ironwood Ct	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark R. Stafford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark R. Stafford

Date

4-24-01 (850) 926-4249  
Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90356 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0027613

CR2E034 (10/00)