

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/7/03

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 90216 009 ***150.00

DOCUMENT # P02000048525

1. Entity Name

JUSTIN'S ROD & GUN CLUB OF SOUTHWEST FLORIDA, IN C.



Principal Place of Business

**6100 ESTERO BLVD
FT MYERS BEACH FL 33931**

Mailing Address

**6100 ESTERO BLVD
FT MYERS BEACH FL 33931**

2. Principal Place of Business

13990 Rod and Gun Club

3. Mailing Address

11050 Summerlin Square Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Myers Beach, FL

☐ CHECK HERE IF MAKING CHANGES

City & State

Fort Myers, Florida

City & State

4. FEI Number

27-0010802

Applied For

☐ Not Applicable

Zip

33913

Country

Lee

Zip

33931

Country

LEE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COTTER, RICHARD

6100 ESTERO BLVD

FT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name **James T. Mufall**

Street Address (P.O. Box Number is Not Acceptable)

11050 Summerlin Square Drive

City

Fort Myers Beach

FL

Zip Code

33931

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MUFALL, JAMES T	
STREET ADDRESS	6100 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11050 Summerlin Square Drive	
CITY-ST-ZIP	Fort Myers Beach, FL 33931	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/1/03

Date

Daytime Phone #

CR2E034 (10/02)