

2001 UNIFORM BUSINESS REPORT (UBR)

0283204

DOCUMENT # P93000023054

1. Entity Name

ACADEMY INDOOR GUN RANGE, INC.

FILED

01 APR 30 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3750 INVESTMENT LANE
WEST PALM BCH FL 33404
US

Mailing Address

3750 INVESTMENT LANE
WEST PALM BCH FL 33404
US

2. Principal Place of Business

161 Michaels Court
Suite, Apt. #, etc.

3. Mailing Address

161 Michaels Court
Suite, Apt. #, etc.

City & State

Jupiter, FL
Zip

Country

33458

Palm Beach

City & State

Jupiter, FL
Zip

Country

33458

Palm Beach

4. FEI Number

65-0401525

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

DILTS, J E

3750 INVESTMENT LANE
WEST PALM BCH FL 33404

Name

Dilts, J E

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

161 Michaels Court

City

Jupiter

FL

Zip Code

33458

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 J E Dilts

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DILTS, J E
STREET ADDRESS 161 MICHAELS COURT
CITY-ST-ZIP JUPITER FL

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

TITLE VP ☐ Delete
NAME DILTS, REBECCA A.
STREET ADDRESS 161 MICHAELS COURT
CITY-ST-ZIP JUPITER FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

& PAYNE MAY 10 2001

CR2E034 (10/00)