

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90926 017 ***158.75

DOCUMENT # P95000063579

1. Entity Name

BROWARD MILITARY ARMS SHOOTING CLUB, INC.

Principal Place of Business

Mailing Address

804 S FEDERAL HWY
 HALLANDALE FL 33009

804 S FEDERAL HWY
 HALLANDALE FL 33009

108033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10621 PAYNE Rd.
 Suite, Apt. #, etc.

10621 PAYNE Rd.
 Suite, Apt. #, etc.

City & State

City & State

SEBRING, FL

SEBRING, FL

4. FEI Number 65-0603704

Applied For

Not Applicable

Zip 33875 Country USA

Zip 33875 Country USA

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

SUTTON, JAMES G
 804 S FEDERAL HWY
 HALLANDALE FL 33009

Name SUTTON, JAMES G.S.

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

10621 PAYNE Rd.
 City SEBRING FL Zip Code 33875

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 *James G. Sutton* JAMES G.S. SUTTON

4/26/01

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	SUTTON, JAMES G	
STREET ADDRESS	804 S FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE FL	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, JAMES G.S.	
STREET ADDRESS	10621 PAYNE Rd	
CITY-ST-ZIP	SEBRING, FL 33875	
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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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: *James G. Sutton* JAMES G.S. SUTTON 4/26/01 863 314-9102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)