

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90309 001 ***150.00

DOCUMENT # P96000041406

1. Entity Name
THE GREAT FLORIDA OUTDOORS COMPANY

Principal Place of Business

**1115 71 STREET NW
 BRADENTON FL 34209**

Mailing Address

**1115 71 STREET NW
 BRADENTON FL 34209**

2. Principal Place of Business

1218 DeNARVAEZ AVE
 Suite, Apt. #, etc.

3. Mailing Address

1218 DeNARVAEZ AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number **65-0760313**

Applied For
☐ **Not Applicable**

Zip **34209** **Country** **MANATEE**

Zip **34209** **Country** **MANATEE**

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

**KNOWLES, VIRGINIA B
 1115 71 STREET NW
 BRADENTON FL 34209**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **KNOWLES, VIRGINIA B**
STREET ADDRESS **1115 71 STREET NW**
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE ☐ **Delete**
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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: Virginia B. Knowles **4/9/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)