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FILED Sep 13, 2001 8:00 am Secretary of State

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## **2001 UNIFORM BUSINESS REPORT (UBR)**

P98000088455

**DOCUMENT#** 

SHOOTERS' DEN OF WINTER PARK, INC.

1. Entity Name

SIGNATURE:

## Principal Place of Business Mailing Address 7608 ALOMA AVE 7608 ALOMA AVE 978160 WINTER PARK FL 32792 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3541327 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Benjamin S Boutty Street Address (P.O. Box Number is Not Acceptable) DIVITTORIO, RICHARD A 7608 ALAMO AVE WINTER PARK FL 32792 7608 AlomA Ave 8. The above named entity submits his statement for the purpose of changing its SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Add vicepres. Title (2/01)TITLE Delete TITLE Change ☐ Addition BOUTTY, BENJAMIN S Boutty Benjamin S 7608 Hourt Ave NAME NAME 7608 ALOMA AVE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP winte Park FL 32792 TITLE Delete TITLE Change Addition DIVITTORIO, RICHARD A 7608 ALOMA AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP Add Treasure Title TITLE Delete TITLE Addition Boutty Terry L 7608, Alount Ave BOUTTY, TERRY L NAME NAME 7608 ALOMA AVE WINTER PARK FL 32792 STREET ADDRE STREET ADDRESS 32792 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition DIVITTORIO, DENISE E NAME STREET ADDRESS 7608 ALOMA AVE STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.