

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S06912

1. Entity Name

SHOAL RIVER GUN CLUB, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90008 008 ***150.00

Principal Place of Business

Mailing Address

3985 HWY 90 E
BOX 1293
CRESTVIEW FL 32536

3985 HWY 90 E
BOX 1293
CRESTVIEW FL 32536-1293

2. Principal Place of Business

302 E. JAMES LEE BLVD
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1293
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CRESTVIEW FL

City & State
CRESTVIEW, FL

4. FEI Number 59-3047210

Applied For
Not Applicable

Zip Country
32539 OKLAHOMA

Zip Country
32539

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

GRIFFIN, JAMES D.
510 STILLWELL AVE
CRESTVIEW FL 32539

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

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, 2000 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 | D | <input type="checkbox"/> Delete |
| NAME | GRIFFIN, JAMES D. | |
| STREET ADDRESS | 510 STILLWELL AVE | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KRAUSE, MICHAEL E | |
| STREET ADDRESS | 5 NEWPORT DR | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KRAUSE, PATRICIA M | |
| STREET ADDRESS | 5 NEWPORT DR | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/00 850 683 1612
Date Daytime Phone #

CR2E034 (9/99)