

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 033 ****61.25

DOCUMENT # 713823

1. Entity Name

CHIEFLAND HUNTING AND GAME MANAGEMENT CLUB, INC.

Principal Place of Business

Mailing Address

**CEDAR KEY ROAD 345
P O BOX 406
CHIEFLND FL 32644
US**

**CEDAR KEY ROAD 345
P O BOX 406
CHIEFLAND FL 32644-0406
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0456873

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WYNE SMITH
RT. 4, BOX 579 - RIVER ROAD 345
FLOWERS BLUFF RD
CHIEFLND FL 32628**

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLUM, BOB	
STREET ADDRESS	1511 NW 46 LN	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DRUMMOND, LUTHER	
STREET ADDRESS	PO BOX 406	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANNER, ROSCO	
STREET ADDRESS	PO BOX 157	
CITY-ST-ZIP	ARCHER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORBETT, CHARLES	
STREET ADDRESS	PO BOX 676	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, BUDDY	
STREET ADDRESS	4850 NW 92 CT	
CITY-ST-ZIP	CHIEFLND FL	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Luther Drummond
Luther Drummond
Secretary

3-2-00
Date

352-493-2277
Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE