

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90042 012 ****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
 CHIEFLAND FL 32644
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0456873

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLUM, ROBERT
1511 NW 46TH LANE
CHIEFLAND FL 32626

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	CHIEFLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DRUMMOND, LUTHER	
STREET ADDRESS	PO BOX 406	
CITY-ST-ZIP	CHIEFLAND 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	CHIEFLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, DONALD	
STREET ADDRESS	10617 NW 47TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
CITY-ST-ZIP		
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		
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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02 352-493-2277
 Date Daytime Phone #

CF2E037 (9/01)