


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90073 008 ****61.25

DOCUMENT # 713823
1. Entity Name
CHIEFLAND HUNTING AND GAME MANAGEMENT CLUB, INC.



Principal Place of Business
**CEDAR KEY ROAD 345
P O BOX 406
CHIEFLAND FL 32644
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0456873**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLLUM, ROBERT
1511 NW 46TH LANE
CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD COLLUM, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	1511 NW 46 LN	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE NAME	ST DRUMMOND, LUTHER	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 406	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE NAME	D TANNER, ROSCO	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 157	
CITY-ST-ZIP	ARCHER FL	
TITLE NAME	VP CORBETT, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 676	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE NAME	D LOPEZ, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	10617 NW 47TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 recipient 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: *Robert Collum* **TRNGS/sec.** 3/3/03 352-493-2277

CR2E087 (10/02)