

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91764 014 \*\*\*\*61.25

**DOCUMENT # 755077**

1. Entity Name

**PUTNAM COUNTY HUNTING ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

P O BOX 1862  
 PALATKA FL 32178-8862

P O BOX 1862  
 PALATKA FL 32178-8862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2477469**

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

**CLARK, RONALD E.**  
**3899 OLDFIELD TRIAL**  
**PALATKA FL 32177**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JONES, BARBARA</b> <b>300 BELMONT DRIVE</b> <b>PALATKA FL 32177</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>HODGES, ALBERT</b> <b>RT. 1 BOX 146-H</b> <b>GREEN COVE SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>JONES, BARRY</b> <b>300 BELMONT DRIVE</b> <b>PALATKA FL 32177</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHASTAIN, LYNN</b> <b>RT. 3 BOX 1964</b> <b>PALATKA FL 32177</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>KNIGHTON, LEE</b> <b>P O BOX 423</b> <b>BOSTWICK FL 32007</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>THOMAS, JOHNNY</b> <b>RT 5 BX 6410</b> <b>PALATKA FL 32177</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Stacey Musgrove</b> <b>173 Lettie Lane</b> <b>Palatka, FL 32177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board</b> <b>Hodges, Albert</b> <b>Rt 1 Box 146-H</b> <b>Green Cove Springs, FL 32043</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board</b> <b>Carley, Victor</b> <b>5155 Silver Lake Drive</b> <b>Palatka, FL 32177</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Chastain, Lynn</b> <b>107 Lemon Lane</b> <b>Palatka, FL 32177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board</b> <b>Wilkinson, B.J.</b> <b>PO BOX 1166</b> <b>Bostwick, FL 32007</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Stacey Musgrove 5/20/02 (386) 312-0279  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)