

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/

FILED
May 21, 2002 8:00 am
Secretary of State

04-01-2002 90724 033 ****61.25

DOCUMENT # N01000006657

1. Entity Name

GAR POND HUNTING CLUB INC.

Principal Place of Business

Mailing Address

RT 1, BOX 499H
 LAKE CITY FL 32055

RT 1, BOX 499H
 LAKE CITY FL 32055

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

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HART, RUSSELL W
RT 1, BOX 499H
LAKE CITY FL 32055

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	<input type="checkbox"/> Delete
P	HART, RUSSELL	RT 1, BOX 499H	LAKE CITY FL 32055	<input type="checkbox"/>
				<i>director</i>
ST	MORGAN, FLOYD B	RT 1, BOX 499H	LAKE CITY FL 32055	<input type="checkbox"/>
				<i>director</i>
V	HART, DON W	RT 1, BOX 499H	LAKE CITY FL 32055	<input type="checkbox"/>
				<i>director</i>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

S. P. ...
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02
 Date

386
 404 755-6398
 Daytime Phone #

CR2E037 (9/01)