

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90076 035 ****61.25

DOCUMENT # N25729

1. Entity Name

MC GEE BRANCH HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

C/O ROBERT J. BEAUCHAMP
 P. O. BOX 1777
 CHIEFLND FL 32644
 US

C/O ROBERT J. BEAUCHAMP
 P. O. BOX 1777
 CHIEFLAND FL 32644-1777
 US

LUUS7010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2869186

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

BEAUCHAMP, ROBERT J.
105 S. E. 105TH STREET
CHIEFLND, 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	D	<input type="checkbox"/> Delete
NAME	STRAWN, WILLIAM	
STREET ADDRESS	2605 SE 25TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDISON, ED	
STREET ADDRESS	20730 S.W. 36TH ST	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VADIN, BARBER	
STREET ADDRESS	4950 NE 50TH ST	
CITY-ST-ZIP	BRADSON FL 32621	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, LAMAR	
STREET ADDRESS	RT. 2, BOX 965	
CITY-ST-ZIP	WILLISTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKS, LARRY	
STREET ADDRESS	P.O. BOX 224 N/A	
CITY-ST-ZIP	BRONSON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEGALL, DAVID	
STREET ADDRESS	RT. 1 BOX 6790	
CITY-ST-ZIP	WILLISTON F	

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 checked="" type="checkbox"/> Addition
NAME	PO	
STREET ADDRESS	JAKE CARSON	
CITY-ST-ZIP	1021 S.E. 8TH STREET	
	WILLISTON, FL 32696	
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:

Robert J. Beauchamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/00
 Date

352 528 2000
 Daytime Phone #

CR2007 (03/00)