

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90009 021 \*\*\*\*61.25

**DOCUMENT # N25729**

1. Entity Name  
**MC GEE BRANCH HUNTING CLUB, INC.**

Principal Place of Business

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

Mailing Address

C/O ROBERT J. BEAUCHAMP  
 P. O. BOX 1777  
 CHIEFLAND FL 32466  
 US

\$15480



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**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRAWN, WILLIAM</b>	
STREET ADDRESS	<b>2605 SE 25TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>EDISON, ED</b>	
STREET ADDRESS	<b>20730 S.W. 36TH ST</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VADIN, BARBER</b>	
STREET ADDRESS	<b>4950 NE 50TH ST</b>	
CITY-ST-ZIP	<b>BRADSON FL 32621</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, LAMAR</b>	
STREET ADDRESS	<b>RT. 2, BOX 965</b>	
CITY-ST-ZIP	<b>WILLISTON FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CASON, JAKE</b>	
STREET ADDRESS	<b>1021 SE 8TH ST</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEGALL, DAVID</b>	
STREET ADDRESS	<b>RT. 1 BOX 6790</b>	
CITY-ST-ZIP	<b>WILLISTON F</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** *Jake Cason* **01/17/02** **3525282000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)