

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90308 023 ****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**

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 **59-2869186**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STRAWN, WILLIAM	
STREET ADDRESS	2805 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	PD	<input type="checkbox"/> Delete
NAME	CASON, JAKE	
STREET ADDRESS	1021 SE 8TH ST	
CITY-ST-ZIP	WILLISTON FL 32696	
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
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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: Jake Cason **REQUIRE JAKE CASON** 01/13/03

CR2E037 (10/02)