

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90007 006 ****61.25

DOCUMENT # N95000001582

1. Entity Name

THREE RIVERS HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

**TREE RIVERS HUNTING CLUB
P.O. BOX 1340
PERRY FL 32348
US**

**P.O. BOX 1340
PERRY FL 32348-7340
US**



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

59-3329277

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

**COURTNEY, JODY
RT. 1, BOX 1101-A
PERRY FL 32347**

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	CALHOUN, JOHN	
STREET ADDRESS	ROUTE 1, BOX 111	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLTON, PERRY	
STREET ADDRESS	ROUTE 5, BOX 614-2	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COURTNEY, JODY	
STREET ADDRESS	RT. 1, BOX 1101-A	
CITY-ST-ZIP	PERRY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BETHEA, BYRAN	
STREET ADDRESS	RT. 3, BOX 487	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COURTNEY, JODY	
STREET ADDRESS	ROUTE 1, BOX 1101-A	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAULS, JIMMY	
STREET ADDRESS	RT. 1, BOX 459	
CITY-ST-ZIP	PERRY FL	

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		
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STREET ADDRESS		
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: *Jody Courtney* **SIGNATURE REQUIRED** V-Pres

1-21-00 850-584-1308

Date Daytime Phone #

CR2E037 (9/99)