

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001839

1. Entity Name

FRANKLIN COUNTY DOG HUNTER'S ASSOCIATION, INC.

Principal Place of Business

4901 JEFF SANDERS ROAD
CARRABELLE FL 32322

Mailing Address

P O BOX 641
CARRABELLE FL 32322

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

59-3462419

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

SANDERS, CHERYL K
4901 JEFF SANDERS ROAD
CARRABELLE FL 32322

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 P ☐ Delete
NAME RILEY, LARRY
STREET ADDRESS SAWBORN RD
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME MOCK, HERBERT
STREET ADDRESS MOCK LANE
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME SANDERS, CHERYL
STREET ADDRESS 4901 JEFF SANDERS RD
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEWIS, WILLIE B
STREET ADDRESS 530 AVE A
CITY-ST-ZIP EASTPOINT FL 32328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VARNES, BOBBY
STREET ADDRESS APALACHEE ST
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: CHERYL K. SANDERS ST 5/10/01 697-2534 (850)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91247 050 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)