

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90161 037 \*\*\*\*61.25

**DOCUMENT # N99000001132**

1. Entity Name  
**SOUTHERN HUNTING & FISHING CLUB, INC.**

Principal Place of Business Mailing Address  
**500 S. AUSTRALIAN AVE. STE. 800** **500 S. AUSTRALIAN AVE. STE. 800**  
**W. PALM BEACH FL 33401** **W. PALM BEACH FL 33401-6237**

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 **65-1028708** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MEADORS, ARTHUR N**  
**1920 47TH AVE.**  
**VERO BEACH FL 32966**

7. Name and Address of New Registered Agent  
 Name **DRENNEN L. Whitmire, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable) **12201 AREACA DRIVE**  
~~**450 Royal Palm Way**~~  
~~**Sixth floor**~~  
 City **Wellington, FL** **Palm Beach** **FL** Zip Code **33414** **33480**

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]* DATE **4/28/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MEADORS, ARTHUR N</b>
STREET ADDRESS	<b>1920 47TH AVE.</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>YODER, ALBERT W</b>
STREET ADDRESS	<b>11439 SAXON CT.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WHITMIRE, DRENNEN L JR</b>
STREET ADDRESS	<b>12201 AREACA DR.</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL 33414</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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]* **SIGNATURE REQUIRED** DATE **4/28/00** DAYTIME PHONE # **561 833 5600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)