## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N96000004542 Jul 28, 2000 8:00 am Secretary of State 1. Entity Name BREEDING GROUND STILL HUNT CLUB, INC. 人 大であるご 07-28-2000 90003 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 4970 ROPING LN 4970 ROPING LIN PERRY FL 32347 PERRY FL 32347 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3351903 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BLUE, WARREN C** P O BOX 1357 **PERRY FL 32348** 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** Make Check Payable to **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** After September 13, 2000 min, will be \$236,25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10.5<sub>65</sub> \ 15.555 OFFICERS AND DIRECTORS' TITLE<sup>1, 1</sup> 100 **⊘**Delete TITLE ome 5 ARROWOOD, DANNY NAME NAME **4211 FRANKS FAIR LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF PERRY FL 32347 1 5 3 4 ha e h Change Addition TITLE TITLE : Delete Delete **NEWELL, JOHNNY** NAME NAME **RT 5 BOX 52** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **PERRY FL 32347** 4 Addition Delete TITLE ☐ Change TITLE SHAUGHTER, JIMMY NAME STREET ADDRESS RT 5 BOX 356 SHAUGHTER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL-32347 --VPD Change ☐ Addition Delete TITLE WINSTEAD, JAMES NAME **RT 3 BOX 87** STREET ADDRESS STREET ADDRESS CITY-ST-7IF **PERRY FL 32341** CITY-ST-ZIP - Addition ☐ Change TITLE Delete TITLE BLUE, W.C. NAME NAME P O BOX 1357 BOYD RD STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL 32348 ☐ Delete Addition TIT! F TITLE NAME NAME Vi + STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7//3/00

Daytime Phone #