

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90081 022 ****61.25

DOCUMENT # N96000004542

1. Entity Name

BREEDING GROUND STILL HUNT CLUB, INC.

Principal Place of Business

**4970 ROPING LN
PERRY FL 32347
US**

Mailing Address

**4970 ROPING LN
PERRY FL 32347
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3351903**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLUE, WARREN C
4970 ROPING LN.
PERRY FL 32348**

7. Name and Address of New Registered Agent

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

Warren C Blue

1-21-02

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

TITLE OF OFFICER OR DIRECTOR ☐ Delete
NAME **D ROGERS, FREDDIE**
STREET ADDRESS **2280 ROGERS RD**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Delete
NAME **D HOLMES, WALLACE**
STREET ADDRESS **2464 BOYD RD**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Delete
NAME **PD SHAUGHTER, JIMMY**
STREET ADDRESS **PO BOX 232**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Delete
NAME **VPD WINSTEAD, JAMES**
STREET ADDRESS **2860 HWY 27E**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Delete
NAME **ST BLUE, W C**
STREET ADDRESS **4970 ROPING LANE**
CITY-ST-ZIP **PERRY FL 32348**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Warren C Blue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

Date

850-584-4139

Daytime Phone #

CR2E037 (9/01)