2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **707700** Apr 29, 2000 8:00 am Secretary of State 1. Entity Name NORTHWEST FLORIDA POINTER AND SETTER CLUB, INC. 04-29-2000 90002 038 ****61.25 Principal Place of Business Mailing Address 5549 BAY MEADOWS DR 5549 BAY MEADOWS DR MILTON FL 32583 MILTON FL 32583-9518 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2287954 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required' 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HINSON, ROBERT D. 5549 BAY MEADOWS DR MILTON FL 32583 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME ROBINSON, ROBBIE STREET ADDRESS STREET ADDRESS 1013 FREMONT AVE CITY-ST-ZIP CITY-ST-ZIF PENSACOLA FL 32505 Change ☐ Addition STD ☐ Delete TITLE TITLE NAME NICHOLSON, DONNIE NAME STREET ADDRESS STREET ADDRESS 3015 MOLINO RD CITY-ST-ZIP CITY-ST-ZIP MOLINO FL Addition ☐ Change PD ☐ Delete TITLE TITLE KENNEDY, ROBERT NAME STREET ADDRESS STREET ADDRESS 5121 MOLINO RD. CITY-ST-ZIF CITY-ST-ZIP MOLINO FL ☐ Change Addition Delete TITLE TITLE NAME KRAUSE, RICHARD A NAME STREET ADDRESS STREET ADDRESS 6100 HAPPY HOLLOW DR. CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Change ☐ Addition TITLE 📭 Delete TITLE Hinson, Robert D. . NAME NAME WALKER, CURTIS STREET ADDRESS 5549 Bay, Meadows Dr. STREET ADDRESS 3525 WIMBLEDON DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Milton: FL 82583 ☐ Change ☐ Addition Delete TITLE TITLE COLE, JIM NAME NAME STREET ADDRESS STREET ADDRESS 10480 TOWER RIDGE RD. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.