

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90191 001 ****61.25

DOCUMENT # 716800

1. Entity Name

BARTHLE'S HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

11328 CARROLLWOOD DR.
 TAMPA FL 33618
 US

11328 CARROLLWOOD DR.
 P O BOX 2410
 TAMPA FL 33618-3746
 US

907200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applied For

Zip

Country

Zip

Country

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

ALMAND, JACK
 11328 CARROLLWOOD DR.
 TAMPA FL 33618

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:
SEE 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 Delete
 NAME **STD**
 STREET ADDRESS **SPICOLA, JOSEPH**
 CITY-ST-ZIP **330-A BEARSS AVE WEST**
TAMPA FL 33613

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **BOLTON, BO**
 CITY-ST-ZIP **15534 US 301**
DADE CITY FL 33523

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HORNER, JACK**
 CITY-ST-ZIP **8105 ANDERSON RD**
TAMPA, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **BOLTIN, BO**
 CITY-ST-ZIP **15534 US 301**
DADE CITY FL 33523

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HYATT, KENNETH**
 CITY-ST-ZIP **4010 BOYSCOUT RD**
TAMPA, FL 0

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **ALMAND, JACK**
 CITY-ST-ZIP **124 S MORGAN ST**
TAMPA FL

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: _____

(Signature) **JOSEPH SPICOLA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

813-968.338

Date

Daytime Phone #