

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90194 019 \*\*\*\*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  
 US



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 Applicable

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: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SPICOLA, JOSEPH</b>	
STREET ADDRESS	<b>330-A BEARSS AVE WEST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOLTON, BO</b>	
STREET ADDRESS	<b>15534 US 301</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HORNER, JACK</b>	
STREET ADDRESS	<b>8105 ANDERSON RD</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HYATT, KENNETH</b>	
STREET ADDRESS	<b>4010 BOYSCOUT RD</b>	
CITY-ST-ZIP	<b>TAMPA, FL 0</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ALMAND, JACK</b>	
STREET ADDRESS	<b>124 S MORGAN ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> Delete
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
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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:

**JACK ALMAND**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-02** **813-932-0305**  
 Date Daytime Phone #

CR2E037 (9/01)