

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90286 014 ****61.25

DOCUMENT # 723876

1. Entity Name

BRICKYARD HUNTING CLUB, INC

Principal Place of Business

P.O. BOX 976
 HILLIARD FL 32046
 US

Mailing Address

P.O. BOX 976
 HILLIARD FL 32046
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2661723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORBIN, PETER R
121 W FORSYTH STREET
STE #1000
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOT: 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 **SD** ☐ Delete
 NAME **HIGGINBOTHAM, GENE E**
 STREET ADDRESS **P.O. BOX 976**
 CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **TD** ☒ Delete
 NAME **COLEMAN, R. D.**
 STREET ADDRESS **1307 CLINCH DR**
 CITY-ST-ZIP **FERNANDINA BCH. FL**

TITLE **VD** ☐ Delete
 NAME **CONNOR, CECIL**
 STREET ADDRESS **RT. 1, BOX 2260 WHITE OAK RD**
 CITY-ST-ZIP **HILLIARD FL**

TITLE **PD** ☐ Delete
 NAME **HADDOCK, AID T**
 STREET ADDRESS **1919 HADDOCK DRIVE**
 CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **VD** ☒ Delete
 NAME **OGIVIE, ED**
 STREET ADDRESS **RT L BOX 149-L**
 CITY-ST-ZIP **FERNANDINA BEACH FL**

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 **TD Lee Wilkes**
 STREET ADDRESS **RT 1 BOX 1850**
 CITY-ST-ZIP **HILLIARD FL 32046**

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

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

TITLE ☐ Change ☒ Addition
 NAME **VD JERRY D. COONER**
 STREET ADDRESS **4007 CORNING CT**
 CITY-ST-ZIP **YALHA, FL 32097**

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 REQUIRED

[Signature] 5-20-01 904-842111

CR2E037 (10/00)