

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90098 030 ****61.25

B0138620



DO NOT WRITE IN THIS SPACE

DOCUMENT # 723876

1. Entity Name

BRICKYARD HUNTING CLUB, INC

Principal Place of Business

Mailing Address

P.O. BOX 976
 HILLIARD FL 32046
 US

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

4. FEI Number

59-2661723

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	SD	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, GENE E	
STREET ADDRESS	P.O. BOX 976	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILKES, LEE	
STREET ADDRESS	RT. J., BOX 1850	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONNOR, CECIL	
STREET ADDRESS	RT. 1, BOX 2260 WHITE OAK RD	
CITY-ST-ZIP	HILLIARD FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HADDOCK, AID T	
STREET ADDRESS	1919 HADDOCK DRIVE	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COONER, JERRY D	
STREET ADDRESS	4007 CORNINIG CT	
CITY-ST-ZIP	YULEE FL 32097	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKES LEE	
STREET ADDRESS	473183 MIDDLE Rd.	
CITY-ST-ZIP	HILLIARD, FL 32046	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR CECIL	
STREET ADDRESS	Box 48104 HADDOCK Rd	
CITY-ST-ZIP	HILLIARD, FL 32046	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E GENTRY	
STREET ADDRESS	48137 3 CEDAR PL.	
CITY-ST-ZIP	HILLIARD, FL 32046	
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:

SIGNATURE REQUIRED

Gene E Higginbotham 9-4-02 904-845-2111

CR2E037 (4/02)