

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90115 047 ****61.25

DOCUMENT # 724380

1. Entity Name

ROY ROAD HUNTING CLUB, INC.



Principal Place of Business

**413 ST. JOHNS AVENUE
PALATKA FL 32177**

Mailing Address

**413 ST. JOHNS AVENUE
PALATKA FL 32177**

2. Principal Place of Business

222 North Third Street

3. Mailing Address

222 North Third Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, Florida

City & State

Palatka, Florida

Zip

32177

Country

U.S.A.

Zip

32177

Country

U.S.A.

4. FEI Number **59-2964332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLMES, DONALD E
222 NORTH THIRD ST.
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD WOODARD, RICHARD**
STREET ADDRESS **413 ST JOHNS AVE**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ Delete
NAME **V KNOX, JOHN**
STREET ADDRESS **RT 1 BOX 137-A**
CITY-ST-ZIP **SAN MATEO FL**

TITLE ☐ Delete
NAME **T DE ROSSETT, RONNIE**
STREET ADDRESS **413 ST JOHNS AVE**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ Delete
NAME **S LIVINGSTON, AARON**
STREET ADDRESS **413 ST. JOHNS AVE.**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ Delete
NAME **AT MULLINS, JAMIE**
STREET ADDRESS **413 ST. JOHNS AVE.**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ Delete
NAME **AS STRICKLER, ROBIN**
STREET ADDRESS **413 ST JOHNS AVE**
CITY-ST-ZIP **PALATKA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **S Walls, J. Robert II**
STREET ADDRESS **255 Davis Lake Road**
CITY-ST-ZIP **Palatka, Florida 32177**

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

TITLE ☒ Change ☐ Addition
NAME **AS Orr, Michael**
STREET ADDRESS **127 Rio Vista Avenue**
CITY-ST-ZIP **East Palatka, Florida 32131**

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**

2.5.03 386-325-316

CR2E037 (10/02)