FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 29, 2001 8:00 am Secretary of State **DOCUMENT # 736144** 1. Entity Name 05-29-2001 90010 033 ****61.25 THE BALDWIN BAY HUNTING CLUB, INC. Principal Place of Business Mailing Address ROUTE 1, BOX 487-J ROUTE 1. BOX 487-J BRYCEVILLE FL 32009 BRYCEVILLE FL 32009 2. Principal Place of Business 3. Mailing Address <u>5855 Stafford</u> Stafford Rd. 5855 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3411230 BRuceville Bryceville Not Applicable ountry \$8.75 Additional 5. Certificate of Status Desired assau Fee Required 255 2u 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lynn Street Address (P.O. Box Number is Not Acceptable) LYNN, ROSCOE W JR ROUTE 1, BOX 487-J 5855 Staffera **BRYCEVILLE FL 32009** 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. OSCOE W. LYNN TE. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. President Roscoe Wilynn Jr. ☐ Change Addition TITLE ☐ Defete TITLE LYNN, ROSCOE W NAME NAME 5855 STAFFORD Rd. STREET ADDRESS ROUTE 1, BOX 487-J STREET ADDRESS CITY-ST-ZIP Bryceville, FLA. CITY-ST-ZIP **BRYCEVILLE FL 32009** ☐ Change Addition ☐ Delete TITLE LYNN, WILLIAM M NAME NAME STREET ADDRESS STREET ADDRESS 16989-1 WELLS RD CITY-ST-7(P CITY-ST-ZIP JACKSONVILLE FL 32234 Addition ☐ Change TITLE DVP □ Delete TITLE SUTTON, FRED H NAME STREET ADDRESS STREET ADDRESS 5091 JONES ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Change ☐ Addition DS ☐ Delete TITLE ELLISON, FRED H NAME STREET ADDRESS 105 RAILROAD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALDWIN FL 32234** □ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS

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 missignature shall have the same legal effect as if made under eath; that I am an efficer 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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

EW. LYNN TR. 5-22-01

Addition

Change