

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90435 033 ****61.25

DOCUMENT # 748493

1. Entity Name

SAND-FLY HUNTING CLUB, INC.



Principal Place of Business

**107 EAST PARK AVENUE
P.O. BOX 1129
CHIEFLAND FL 32626**

Mailing Address

**107 EAST PARK AVENUE
P.O. BOX 1129
CHIEFLAND FL 32626**

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 **59-2749663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEAUCHAMP, GREGORY V.
107 EAST PARK AVENUE
CHIEFLAND FL 32626**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P ALLEN, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	NW 14 AVE AND 13 ST	
CITY-ST-ZIP	CHIEFLAND, FL 00000	
TITLE NAME	S ALLEN, TOMMY G	<input type="checkbox"/> Delete
STREET ADDRESS	HWY 24	
CITY-ST-ZIP	CEDAR KEY, FL 00000	
TITLE NAME	T ALLEN, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	STATE RD 341	
CITY-ST-ZIP	CHIEFLAND, FL 00000	
TITLE NAME	D WARD, CONWAY	<input type="checkbox"/> Delete
STREET ADDRESS	HIGHWAY 320	
CITY-ST-ZIP	CHIEFLAND, FL 00000	
TITLE NAME	D SHEPPARD, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	HIGHWAY 341	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)