2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 25, 2000 8:00 am Secretary of State **DOCUMENT # 751106** 1. Entity Name DIXIE HUNTING CLUB, INC. 08-25-2000 90005 019 ****61.25 Principal Place of Business Mailing Address BARBER AVENUE BARBER AVENUE P.O. BOX 1866, N/A P. O. BOX 1866 00081082CROSS CITY FL 32628 CROSS CITY FL 32628 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2110209 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -Street Address (P.O.-Box Number is Not Acceptable) THOMAS, J. DOYLE ----**BARBER AVENUE** CROSS CITY FL City 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 Fiorida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min, will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ■ Addition TITLE ☐ Delete TITLE JONES, GARY NAME NAME STREET ADDRESS STREET ADDRESS **HCO4 BOX 250** CITY-ST-ZIP CITY-ST-ZIF OLD TOWN FL 32680 ☐ Change ☐ Addition TITLE Delete TITLE KIGHT, DALE NAME NAME STREET ADDRESS STREET ADDRESS HC04 CITY-ST-ZIP CITY-ST-ZIP BRANFORD FL 32008 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME FOWLER, G.C. JR NAME STREET ADDRESS HC03 STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP **BRANFORD FL 32680** ☐ Change ____ Addition Delete TITLE NAME Barber, Ben STREET ADDRESS STREET ADDRESS HCO4 BOX 27 CITY-ST-ZIP CITY-ST-ZIP OLD TOWN FL 32680 N Delete TITLE Change **X** Addition TITLE NAME RUTH, JOE STREET ADDRESS STREET ADDRESS P.O. BOX 1089 N/A CITY-ST-ZIP CITY-ST-ZIP OLD TOWN FL 32680 TCLE NAME ■ Addition ☐ Delete TITLE STEPHENSON, JODY NAME STREET ADDRESS STREET ADDRESS HCO4 BOX 603 CITY-ST-ZIP CITY-ST-7IP

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. Daytime Phone #

OLD TOWN FL 32680