

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90456 043 \*\*\*\*61.25

**DOCUMENT # 751106**

1. Entity Name  
**DIXIE HUNTING CLUB, INC.**

Principal Place of Business <b>BARBER AVENUE          P. O. BOX 1866          CROSS CITY FL 32628</b>	Mailing Address <b>BARBER AVENUE          P.O. BOX 1866. N/A          CROSS CITY FL 32628          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2110209</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
**THOMAS, J. DOYLE  
 BARBER AVENUE  
 CROSS CITY FL**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JONES, GARY</b> <b>HCO4 BOX 250</b> <b>OLD TOWN FL 32680</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KIGHT, DALE</b> <b>HC04</b> <b>BRANFORD FL 32008</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOWLER, G.C. JR</b> <b>HC03</b> <b>BRANFORD FL 32680</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBER, BEN</b> <input checked="" type="checkbox"/> Delete <b>HCO4 BOX 27</b> <b>OLD TOWN FL 32680</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JEFFRIES, KEITH B</b> <input type="checkbox"/> Delete <b>P.O. BOX 1411</b> <b>CROSS CITY FL 32628</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEPHENSON, JODY</b> <input type="checkbox"/> Delete <b>HCO4 BOX 603</b> <b>OLD TOWN FL 32680</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JODY STEPHENSON</b> <b>HC4 BOX 609</b> <b>OLD TOWN, FL 32680</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S/T/D</b> <b>DALE KIGHT</b> <b>P.O. BOX 1521 CROSS CITY, FL 32628</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/D</b> <b>G.C. FOWLER, JR</b> <b>HC3 BOX 519</b> <b>OLD TOWN, FL 32680</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>GARY JONES</b> <b>HC 4 BOX 250</b> <b>OLD TOWN, FL 32680</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>BILLY JACK WALKER</b> <input checked="" type="checkbox"/> Addition <b>HC 4 BOX 505</b> <b>OLD TOWN, FL 32680</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:** *Jody Stephenson* **REQUIP JODY STEPHENSON, PRESIDENT** **352-542-5079**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)