

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754870

1. Entity Name

BARRINEAU PARK HUNTING CLUB, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90005 020 ****61.25

0019544

Principal Place of Business
5632 CHALKER RD.
C/O ERNEST SETTLE
MOLINO FL 32577

Mailing Address
5632 CHALKER RD.
C/O ERNEST SETTLE
MOLINO FL 32577

00003401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3016144

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SETTLE, ERNEST
5632 CHALKER RD.
MOLINO FL 32577

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 _____
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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SETTLE, ERNEST J.	
STREET ADDRESS	5632 CHALKER RD.	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KITTRELL, JOE	
STREET ADDRESS	400 KITTRELL STREET	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGHTER, DEWITT	
STREET ADDRESS	JOHN WILSON RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPPELL, DANIEL	
STREET ADDRESS	1450 GOLDENROD RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, JAMES	
STREET ADDRESS	733 NEAL RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, HARRY	
STREET ADDRESS	GIBSON RD.	
CITY-ST-ZIP	MOLINO FL 32577	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

Date

Daytime Phone #

CR2E037 (10/00)