

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 759416**

1. Entity Name

**MACCLENNY HUNTING CLUB, INC.****FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90064 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

132 PINE LOG ROAD  
GLEN ST. MARY FL 32040132 PINE LOG ROAD  
GLEN ST. MARY FL 32040  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WILLIAMS, STEVE**  
**132 PINE LOG ROAD**  
**GLEN ST. MARY FL 32040**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WILLIAMS, STEVE	132 PINE LOG ROAD	GLEN ST. MARY FL				
D	CREWS, HENRY J	65 N 6TH STREET	MACCLENNY FL				
STD	REYNOLDS, TERRY	RT. 1, BOX 4750	GLEN ST. MARY FL				
D	PONDER, ALLEN	11105 GRAYSON STREET	JACKSONVILLE FL				
V	JOHNS, TOMMY	149 N. 4TH ST.	MACCLENNY FL				
D	HINES, TOMMY	RT 1 BOX 757	MACCLENNY FL				

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 of TERRY REYNOLDS STD 10 MAY 00 909-259-3955