

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

0089710

DOCUMENT # 759416

1. Entity Name

MACCLENNY HUNTING CLUB, INC.

06-08-2001 90007 022 ****61.25

Principal Place of Business

132 PINE LOG ROAD
 GLEN ST. MARY FL 32040
 US

Mailing Address

132 PINE LOG ROAD
 GLEN ST. MARY FL 32040
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6921 ODIS YARBOROUGH RD. 6921 ODIS YARBOROUGH RD

City & State

City & State

GLEN ST. MARY FLA

GLEN ST. MARY FLA

Zip

Country

Zip

Country

32040

BAKER

32040

BAKER

6. Name and Address of Current Registered Agent

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name **JOHNS, TOMMY**

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

149 N. 4TH ST

City **MACCLENNY**

FL

Zip Code **32063**

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

TOMMY JOHNS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating

DATE

6/5/01

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

TITLE **PD** ☒ Delete
 NAME **WILLIAMS, STEVE**
 STREET ADDRESS **132 PINE LOG ROAD**
 CITY-ST-ZIP **GLEN ST. MARY FL**

TITLE **D** ☒ Delete
 NAME **CREWS, HENRY J**
 STREET ADDRESS **65 N 6TH STREET**
 CITY-ST-ZIP **MACCLENNY FL**

TITLE **STD** ☒ Delete
 NAME **REYNOLDS, TERRY**
 STREET ADDRESS **RT. 1, BOX 4750**
 CITY-ST-ZIP **GLEN ST. MARY FL**

TITLE **D** ☒ Delete
 NAME **PONDER, ALLEN**
 STREET ADDRESS **11105 GRAYSON STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☒ Delete
 NAME **JOHNS, TOMMY**
 STREET ADDRESS **149 N. 4TH ST.**
 CITY-ST-ZIP **MACCLENNY FL**

TITLE **D** ☐ Delete
 NAME **HINES, TOMMY**
 STREET ADDRESS **RT 1 BOX 757**
 CITY-ST-ZIP **MACCLENNY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **JOHNS, TOMMY**
 STREET ADDRESS **149 N 4TH STREET**
 CITY-ST-ZIP **MACCLENNY, FLA 32063**

TITLE **SPURLOCK, MIKE V.P.** ☒ Change ☐ Addition
 NAME **RT 2 BOX 1049**
 STREET ADDRESS **GLEN ST. MARY, FLA 32040**
 CITY-ST-ZIP

TITLE **SEC. BEL** ☒ Change ☐ Addition
 NAME **PONDER, ALLEN**
 STREET ADDRESS **10365 SHELBY CREEK RD. N**
 CITY-ST-ZIP **JAX FLA 32221**

TITLE **D** ☒ Change ☐ Addition
 NAME **WILLIAMS, STEVE**
 STREET ADDRESS **132 PINE LOG RD**
 CITY-ST-ZIP **GLEN ST. MARY, FLA 32040**

TITLE **D** ☒ Change ☐ Addition
 NAME **REYNOLDS, TERRY**
 STREET ADDRESS **RT. 1 BOX 4750**
 CITY-ST-ZIP **GLEN ST. MARY, FLA 32040**

TITLE **TRES, DELGATE** ☒ Change ☐ Addition
 NAME **HINES, TOMMY**
 STREET ADDRESS **6921 ODIS YARBOROUGH ROAD**
 CITY-ST-ZIP **GLEN ST. MARY, FLA 32040**

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

TOMMY JOHNS

6/5/01 Mac. Hunting Club

CR2E037 (10/00)