2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 759446 1. Entity Name				Son	Sep 10, 2001 8:00 am Secretary of State			
				Sep				
PINE TO	OP HUNTING CLUB, INC		f _a		9-10-2001 90056 00	3 ****61.25		
Principal Plac	re of Rusiness	Mailing Address	<u>'(C</u>	 				
RT 2. BOX 216. HWY 139B PT C/O NATNANIEL DINKINS UNI		PT 1 BOX 1594 UNDERHILL LAKE ROAD GLEN ST MARY FL 32040			A 008 4 2 4 9			
2. Principal P MARCH		. Mailing Address	RA A					
Suite, Apt. 1 <i>9818</i>	CREWS K1	Suite, Apt. #, etc.	The state of the s	7	DO NOT WRITE IN THIS	SPACE		
City & State	t. Mary Fl.	City & State		4. FEł Number	NOT APPLICABLE	Applied Not App		
Zip 32040	Country 4.5.	Žip :	Country	5. Certificate of S		\$8.75 Additional Fee Required	u'	
	6. Name and Address of Current Reg	istered Agent	Name	7. Name and Add	lress of New Registered	Agent		
بر <i>الجسما</i> ت عام	and the second s		W	ISON MARC				
RAULERS	ON, DWAYNE P		Street Addre	ess (P.O Box Number is	Not Acceptable)	To-Character and	. n. tan	
rt 1 box 3564 Underhill lare rd			Colon S	Horas				
GLEN ST	MARY FL 32040	•	City	1. mar 9	FL	Zip Code 32044	<u>, </u>	
8. The above	named entity submits this statement for the	purpose of changing its re	egistered office or reg	istered agent, or both, in	the state of Florida.			
`~	3 1 11					, , ·	Į	
SGNATURE .	R. Much Will				81	8/01		
	Signature, typed or printed name of registered agent and ti	tie if applicable. (NOTE:	Registered Agent signature re	quired when reinstating)	DATE	/	_	
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25			9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Department of State			
10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THRIFT, FRACIS K RT BOX 128 FRED HARVEY RD N/A SANDERSON, FLORIDA 0	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐	noitibbA noitibbA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, MARCH RT 2, BOX 1218 GLENN ST MARY FL 32040	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		☐ Change ☐	Addition	
TITLE	VD	☐ Delete	TITLE -			☐ Change ☐	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MILTON, TIMMY FRED HARVY RD., P.O. BOX 27 N// SANDERSON FL 32087	,	NAME Street address City-St-Zip				-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRISTOW, BUANE RT. 1 BOX 185, CEDAR-CREEK DR. SANDERSON FL 32087	Delete N/A	TITLE NAME STREET ADDRESS CITY-ST-ZIP		an and a second	☐ Change ☐	Addition	
TITLE	D DUGGER, TERRY	☐ Delete	TITLE		• •	☐ Change ☐	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	RT. 1 BOX 596, 125 S. N/A MACCLENNY FL		NAME STREET ADDRESS CITY-ST-ZIP					

☐ Delete

TITLE

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.

TITLE

Director

Nathonie /

EII ED