

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760091

1. Entity Name

DEEP CREEK HUNTING CLUB OF BRYCEVILLE, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90111 034 ****61.25

Principal Place of Business

Mailing Address

265 W OLIVER
BALDWIN, FL 32234

2. Principal Place of Business

265 W OLIVER

3. Mailing Address

265 W OLIVER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BALDWIN FL 32234

City & State

BALDWIN FL 32234

4. FEI Number

NOT APPLICABLE

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

HAROLD D THORNTON
509 PURCELL DRIVE
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name
HAROLD D THORNTON

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

City
JACKSONVILLE

FL Zip Code
32221

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

Harold D Thornton

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

TITLE SD ☒ Delete
NAME WILSON, CHARLES J
STREET ADDRESS 4417 BEACH BLVD, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE PD ☐ Delete
NAME RYAN, DAVID
STREET ADDRESS 268 W. DREW STREET
CITY-ST-ZIP BALDWIN FL

TITLE TD ☐ Delete
NAME THORNTON, WAYNE
STREET ADDRESS 2937 TINSLEY ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ Delete
NAME BOBBY CARTER
STREET ADDRESS RT 2 BOX 24A MOTES RD
CITY-ST-ZIP BRYCEVILLE FL 32009

TITLE SD ☐ Delete
NAME HAROLD D THORNTON
STREET ADDRESS 509 PURCELL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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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:

Harold D Thornton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)