

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760091

1. Entity Name

DEEP CREEK HUNTING CLUB OF BRYCEVILLE, INC.

Principal Place of Business

265 W OLIVER  
BALDWIN FL 32234  
US

Mailing Address

265 W OLIVER  
BALDWIN FL 32234  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, HAROLD D  
509 PURCELL DRIVE  
JACKSONVILLE FL 32221

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 or other like information.

SIGNATURE:

*Harold D. Thornton*  
904-378-2345  
904-264-2681

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91242 011 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)