

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90012 022 ****61.25

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

THORNTON, HAROLD D
509 PURCELL DRIVE
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name **DAVID RYAN**
Street Address (P.O. Box Number is Not Acceptable)
265 W. OLIVER ST
BALDWIN
City **FL** Zip Code **32234**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David J. Ryan

DAVID J. RYAN

7-27-03

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **RYAN, DAVID**
STREET ADDRESS **265 W OLIVER ST**
CITY-ST-ZIP **BALDWIN FL 32234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE REQUIRED

DAVID J. RYAN

7-27-03

(904) 3070717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)