

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761390

1. Entity Name

LESSIE HUNTING CLUB, INC.

Principal Place of Business

% HUBERT N. VANZANT  
RT. 1. BOX 1790  
HILLIARD FL 32046

Mailing Address

% HUBERT N. VANZANT  
RT. 1. BOX 1790  
HILLIARD FL 32046

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

59-1223605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VANZANT, HUBERT N  
RT. 1, BOX 1790  
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name: Hubert N. Vanzant  
Street Address (P.O. Box Number is Not Acceptable)  
May Fair Trail  
Hilliard FL  
City: Hilliard FL

FL Zip Code

32046

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 Vanzant Hubert N  
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	<input type="checkbox"/> Delete
NAME	VANZANT, HUBERT N	
STREET ADDRESS	ROUTE 1, BOX 1790	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VANZANT, LARRY D	
STREET ADDRESS	P.O. BOX 38	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VANZANT, CHARLES H	
STREET ADDRESS	2775 OWENS RD	
CITY-ST-ZIP	YULEE FL 32096	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Hubert N. Vanzant  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-02

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90297 044 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)