2000 UNIFORM BUSINESS R QRT (UBR)

## FILED **DOCUMENT # 769359** Jul 28, 2000 8:00 am Secretary of State 1. Entity Name CHOCTAWHATCHEE RIVER HUNTING CLUB. INCORPORATED 07-13-2000 90019 031 \*\*\*\*70.00 Principal Place of Business Mailing Address 95 BUCK BISHOP RD 95 BUCK BISHOP RD BRUCE FL 32455 BRUCE FL 32455-4242 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Zip Country-\$8:75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BISHOP, GLENN 95 BUCK BISHOP RD BRUCE FL 32455 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be П FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete vice President Change ☐ Addition TITLE VD TITLE George Schissler NAME GILMORE, LLOYD NAME 1411 HWY 331 South STREET ADDRESS STREET ADDRESS 7805 LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP SOUTHPORT FL 32409 Freezort Addition TITLE ☐ Oelete Change NAME BISHOP, GLENN NAME STREET ADDRESS STREET ADDRESS 95 BUCK BISHOP RD CITY-ST-ZIP CITY-ST-ZIP Bruce Fl 32455 ☐ Addition Treasurer Change TITLE TSD M Delete TITLE secretary SIMPLER, BRIAN NAME NAME ale power smokehouse Lake Road STREET ADDRESS 11493 COUNTY HIGHWAY 3280 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRUCE FL 32455 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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: MINISTER HAVE OF STRING OFFICER OF DIRECTOR (president) 7/10/2000 850-835-4190