

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90010 049 ****61.25

DOCUMENT # 769359

1. Entity Name

CHOCTAWHATCHEE RIVER HUNTING CLUB, INCORPORATED

Principal Place of Business

Mailing Address

~~95 BUCK BISHOP RD~~
~~BRUCE FL 32455~~

~~95 BUCK BISHOP RD~~
~~BRUCE FL 32455~~

2. Principal Place of Business

c/o Cale Powell

3. Mailing Address

779 Smokehouse Lake Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bruce FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32455

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

~~BISHOP, GLENN~~
~~95 BUCK BISHOP RD~~
~~BRUCE FL 32455~~

Name

Cale Powell

Street Address

779 Smokehouse Lake Road

City

Bruce, FL

FL

Zip Code
32455

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

Glenn Bishop

Signature, typed or printed name of registered agent and title if applicable.

Glenn Bishop

(NOTE: Registered Agent signature required when reappointing)

8-21-01

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHISSLER, GEORGE 1411 HWY 331 SOUTH FREEPORT FL 32439 <i>new address →</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, GLENN 95 BUCK BISHOP RD BRUCE FL 32455 <i>new person →</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWELL, CALE 779 SMOKEHOUSE LAKE ROAD BRUCE FL 32455 <i>same →</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Schissler, George P.O. Box 546 Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Laird, Andy P.O. Box 122 Freeport, FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Powell, Cale 779 Smokehouse Lake Rd Bruce, FL 32455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

George Schissler

8-21-01

850-835-4221

CR2E037 (10/00)