

## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90035 050 \*\*\*\*61.25

DOCUMENT # 770706

1. Entity Name

HIGH POINT HUNT CLUB, INC.

Principal Place of Business

Mailing Address

C/O JOSEPH RUDEEN, JR.  
322 CHAPEL ROAD  
ST AUGUSTINE FL 32095C/O JOSEPH RUDEEN, JR.  
322 CHAPEL ROAD  
ST AUGUSTINE FL 32096-5339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 59-2353103

Applied  
Not

Zip

Country

Zip

Country

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

RUDEEN, JOSEPH JR  
322 CHAPEL ROAD  
ST AUGUSTINE FL 32095

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAM, PINYAN R	
STREET ADDRESS	5620 STATE RD. 207	
CITY-ST-ZIP	ELKTON FL 32033	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	RUDEEN, C J JR	
STREET ADDRESS	322 CHAPEL ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MALEK, CLEM	
STREET ADDRESS	641 S. SENECA BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PELLICER, FRANK	
STREET ADDRESS	26 BAY VIEW DR.	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MANUCY, CURTIS	
STREET ADDRESS	5395 PORTER ROAD EXTENSION	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMERMUND, CLAYTON	
STREET ADDRESS	3180 CR 13A NORTH	
CITY-ST-ZIP	ST AUGUSTINE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	SCHMERMUND, DONALD	
STREET ADDRESS	20 SYLVAN DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles J. Ruden, Jr.* / CHARLES J. RUDEEN, JR. 3/1/2000 904-829-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #