

DOCUMENT # 770706

1. Entity Name

HIGH POINT HUNT CLUB, INC.

Principal Place of Business

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

Mailing Address

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

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

59-2353103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUDEEN, JOSEPH JR  
322 CHAPEL ROAD  
ST AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

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 resigning)

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

TITLE	P	WILLIAM, PINYAN R	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5620 STATE RD. 207	
CITY-ST-ZIP		ELKTON FL 32033	
TITLE	ST	RUDEEN, C J JR	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		322 CHAPEL ROAD	
CITY-ST-ZIP		ST AUGUSTINE FL 32095	
TITLE	D	MALEK, CLEM	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		641 S. SENECA BLVD	
CITY-ST-ZIP		DAYTONA BEACH FL 32114	
TITLE	D	PELLICER, FRANK	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		26 BAY VIEW DR.	
CITY-ST-ZIP		ST AUGUSTINE FL 32095	
TITLE	D	MANUCY, CURTIS	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5395 PORTER ROAD EXTENSION	
CITY-ST-ZIP		ST AUGUSTINE FL 32095	
TITLE	D	SCHERMUND, DONALD	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		20 SYLVAN DRIVE	
CITY-ST-ZIP		SAINT AUGUSTINE FL 32095	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	MALEK, CLEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		641 S. SENECA BLVD,	
CITY-ST-ZIP		DAYTONA BEACH, FL 32114	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	PINYAN, WILLIAM R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		5620 STATE ROAD 207	
CITY-ST-ZIP		ELKTON, FL 32033	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	HAGAN, JAMES J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		6988 A MIDDLETON AVE.	
CITY-ST-ZIP		ST. AUGUSTINE, FL 32086	
TITLE	D	NICKLO, FRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3530 CARMEL ROAD	
CITY-ST-ZIP		ST. AUGUSTINE, FL 32086	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 09, 2001 8:00 am  
Secretary of State

01-09-2001 90026 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)