

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 20, 2000 08:00 AM
Secretary of State

DOCUMENT # 770947

1. Entity Name

BLACKPOWDER HUNTING CLUB, INC.

Principal Place of Business

4061 NW 43RD ST
SUITE 10
GAINESVILLE
32606

FL

Mailing Address

4061 NW 43RD ST
SUITE 10
GAINESVILLE
32606

US

FL

2. Principal Place of Business

13316 NW 109TH LANE

3. Mailing Address

13316 NW 109TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALACHUA

FL

City & State

ALACHUA

FL

4. FEI Number

59-2874589

Applied For

Not Applicable

Zip

3261

Country

US

Zip

3261

Country

US

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

HICKOX, FRANK

4061 NW W43RD ST

SUITE 10

GAINESVILLE

32606

FL

Name

JOSEPH G CAMPBELL JR

Street Address (P.O. Box Number is Not Acceptable)

13316 NW 109TH LANE

City

ALACHUA

FL

Zip Code
32615

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 **JOSEPH G CAMPBELL JR**

08/20/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
S
POTTS TOM
PO BOX 43
HIGH SPRINGS FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BAYLES HOWARD
PO BOX 586
ALACHUA FL 32615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KENDRICK OLLIE
12528 NW 109TH LANE
ALACHUA FL 32615 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
EVANS PETE
20 ALACHULA HEIGHTS
ALACHUA FL 32615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CAMPBELL JOE
RT 3 BOX 505
ALACHUA FL 32615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CAMPBELL JR JOSEPH G
13316 NW 109TH LANE
ALACHUA FL 32615 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.