

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # 770947****1. Entity Name**
BLACKPOWDER HUNTING CLUB, INC.**Principal Place of Business**
13316 NW 109TH LANE
ALACHUA FL 32611 US**Mailing Address**
13316 NW 109TH LANE
ALACHUA FL 32611 US**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
59-2874589
Applied For
Not Applicable**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**
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** **08/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$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	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POTTS TOM			NAME			
STREET ADDRESS	PO BOX 43			STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS FL 32643			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KENDRICK OLLIE			NAME			
STREET ADDRESS	12528 NW 109TH LANE			STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EVANS PETE			NAME			
STREET ADDRESS	20 ALACHULA HEIGHTS			STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAMPBELL JR JOSEPH G			NAME			
STREET ADDRESS	13316 NW 109TH LANE			STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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)(f), 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:** **JOSEPH G CAMPBELL JR** **PD** **08/09/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)