

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
09-11-2003 90079 028 ****61.25
03 SEP 15 PM 120847
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003481

DOCUMENT # 770947

1. Entity Name

BLACKPOWDER HUNTING CLUB, INC.



Principal Place of Business

P O BOX 1885
ALACHUA FL 32616
US

Mailing Address

P O BOX 1885
ALACHUA FL 32616
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH G CAMPBELL JR
P O BOX 1885
ALACHUA FL 32616

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD CAMPBELL JR, JOSEPH G P O BOX 1885 ALACHUA FL 32616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV EVANS, PETE 20 ALACHULA HEIGHTS ALACHUA FL 32615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T KENDRICK, OLLIE 12528 NW 109TH LANE ALACHUA FL 32615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S BAYLES, HOWARD PO BOX 1885 ALACHUA FL 32616	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV Bayles, Howard PO Box 1885 Alachua Fl 32616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Errol Lopez 10704 NW CK-236 Alachua Fl 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Tim Ferguson 16710 E CK-1474 Hawthorne Fl 32640	<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

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

352
9-8-03 338-3262
Date Daytime Phone #

CR2E037 (4/03)