2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 07, 2000 8:00 am Secretary of State **DOCUMENT # L32233** 1. Entity Name LURAVILLE HUNTING CLUB. INC. 06-07-2000 90442 017 ***150.00 Principal Place of Business Mailing Address 13038 161ST RD 13038 161ST RD LIVE OAK FL 32060-6537 LIVE OAK FL 32060 Project 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable -Zip Country-Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUTNAL, BRYAN L. Street Address (P.O. Box Number is Not Acceptable) 1800 FLORIDA NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE TITLE ☐ Delete MOORE, RYAN NAME NAME STREET ADDRESS STREET ADDRESS 19755 162ND ST CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL Addition ☐ Delete TITLE Change TITLE NAME NAME LAND, HAL STREET ADDRESS STREET ADDRESS 19755 162ND ST CITY-ST-ZIP CITY-ST-ZIP-LIVE OAK FL = -Change ☐ Addition TITLE D ☐ Delete MOORE, REID NAME NAME STREET ADDRESS STREET ADDRESS 19755 162ND ST CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like impowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

5/1/00 904

904-776-210

Daytime Phone #