

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90065 007 ***150.00

DOCUMENT # L93564

1. Entity Name

SMOKEY HUNT CLUB, INC.

Principal Place of Business

**1716 OAKMONT LANE
 ORLANDO FL 32804**

Mailing Address

**1716 OAKMONT LANE
 ORLANDO FL 32804**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

840 GRAY Rd.

COCOA, FL

32926

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3033396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, ROBERT B.
 1716 OAKMONT LANE
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Robert B. THOMAS**

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

840 GRAY Rd.

City

COCOA,

FL

Zip Code

32926

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

Robert B. Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **THOMAS, ROBERT B.**
 CITY-ST-ZIP **1716 OAKMONT LANE
 ORLANDO FL**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **THOMAS, ROBERT B. JR.**
 CITY-ST-ZIP **4617 JAMES RD
 COCOA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **840 GRAY Rd.**
 CITY-ST-ZIP **COCOA, FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3583 JAMES Rd.**
 CITY-ST-ZIP **COCOA, FL**

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

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

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

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

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 empowered.

SIGNATURE:

Robert B. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

Date

321-632-1554

Daytime Phone #

CR2E034 (10/00)