

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90033 050 \*\*\*\*61.25

**DOCUMENT # N00000004414**

1. Entity Name

**JAMESTOWN HUNTING CLUB, INC.**



Principal Place of Business

**1790 BENNETT RD  
ST AUGUSTINE FL 32092**

Mailing Address

**1790 BENNETT RD  
ST AUGUSTINE FL 32092**

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 **59-3623028**

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**

**O'CONNELL, W. HENRY  
2200 N. PONCE DE LEON BLVD STE 10  
ST AUGUSTINE FL 32084**

**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. 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**

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 **DP** ☐ Delete  
NAME **RODEN, MARK A**  
STREET ADDRESS **1790 BENNETT RD**  
CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE **DV** ☐ Delete  
NAME **WILSON, VERNON**  
STREET ADDRESS **605 FAVER DYKES RD**  
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **DV** ☐ Delete  
NAME **TAYLOR, MARK**  
STREET ADDRESS **1665 WOODLAWN RD**  
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **DST** ☐ Delete  
NAME **ALLEN, TOMMY**  
STREET ADDRESS **2500 CABBAGE HAMMOCK**  
CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

*Mark A. Roden*

**Mark A. Roden 4/28/03 904-824-3471**

CR2E037 (10/02)