

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90345 032 ****61.25

DOCUMENT # N01000001814

1. Entity Name

GIDS BAY HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

7320 NW 172ND STREET
 ALACHUA FL 32615

7320 NW 172ND STREET
 ALACHUA FL 32615

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

59-3717890

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

WEBER, DAVID
1945 EATON ROAD
GREEN COVE SPRINGS FL 32043

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, LARRY	
STREET ADDRESS	7320 NW 172ND STREET	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, JOEY	
STREET ADDRESS	RT 1 BOX 8210	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARVEY, RAY	
STREET ADDRESS	5931 CREED CT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEBER, DAVID	
STREET ADDRESS	1945 EATON ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONNOR, HARRY	
STREET ADDRESS	3833 RANDALL ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD GEORGE BEASLEY	
STREET ADDRESS	3759 RANDALL ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FLA 32043	

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
GEORGE R BEASLEY

4-30-02

904-838-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)