

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

DOCUMENT # **N01000002463**



1. Entity Name  
**MIAMI TRACT HUNT CLUB INC.**

**FILED  
Jan 09, 2003 8:00 am  
Secretary of State**

01-09-2003 90043 022 \*\*\*\*61.25

Principal Place of Business  
**1721 ROYAL PALM DR.  
EDGEWATER FL 32132**

Mailing Address

**1721 ROYAL PALM DR.  
EDGEWATER FL 32132**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3717332**

Applied For  
Not Applicable

Zip      Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THOMAS, MICHAEL L  
1721 ROYAL PALM DR.  
EDGEWATER FL 32132**

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

*1-6-03*

**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      **D**  
NAME      **THOMAS, MICHAEL L**  
STREET ADDRESS      **1721 ROYAL PALM DR.**  
CITY-ST-ZIP      **EDGEWATER FL 32132**

Delete

TITLE      **D**  
NAME      **WELCH, WAYNE**  
STREET ADDRESS      **640 CRACKER AVE.**  
CITY-ST-ZIP      **OSTEEN FL 32764**

Delete

TITLE      **D**  
NAME      **YAWN, STEVE**  
STREET ADDRESS      **429 DUREN AVE.**  
CITY-ST-ZIP      **OSTEEN FL 32764**

Delete

TITLE        
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

Delete

TITLE        
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

Delete

TITLE        
NAME        
STREET ADDRESS        
CITY-ST-ZIP     

Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

*Court Wyrick -  
3031 Orange Tree Dr.  
Edgewater FL 32141*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     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: *Michael L. Thomas*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-6-03 386 428 6526*

Date

Daytime Phone #

CR2E037 (10/02)