

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90121 006 ****61.25

DOCUMENT # N01000002653

1. Entity Name

RANGE 17 FARMS HUNT CLUB, INC.



Principal Place of Business

3201 NW 202 STREET
~~SUITE 205~~
NEWBERRY FL 32669

Mailing Address

3201 NW 202 STREET
~~SUITE 205~~
NEWBERRY FL 32669

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3732743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, CLIFFORD B III
221 NORTHEAST IVANHOE BLVD.
SUITE 205
ORLANDO FL 32804

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
Due By May 1, 2004

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 NAME ☐ Delete
D SHEPARD, CLIFFORD B III
STREET ADDRESS 221 NORTHEAST IVANHOE BLVD.
CITY-ST-ZIP ORLANDO FL 32804

TITLE NAME ☐ Delete
D BOULOS, KATHERINE E
STREET ADDRESS 3201 N.W. 202ND STREET
CITY-ST-ZIP NEWBERRY FL 32669-2185

TITLE NAME ☐ Delete
D CACIOPPO, LEONARD
STREET ADDRESS 7273 ROYAL OAK DRIVE
CITY-ST-ZIP SPRING HILL FL 34607

TITLE NAME ☐ Delete
D HORNSBY, ART
STREET ADDRESS 9725 SW 129TH STREET
CITY-ST-ZIP ARCHER FL 32618

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #