

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90121 036 \*\*\*\*61.25

DOCUMENT # NO1000002653

1. Entity Name  
**RANGE 17 FARMS HUNT CLUB, INC.**



Principal Place of Business  
**221 NORTHEAST IVANHOE BLVD.  
SUITE 205  
ORLANDO FL 32804**

Mailing Address  
**221 NORTHEAST IVANHOE BLVD.  
SUITE 205  
ORLANDO FL 32804**

**30048565**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**201 NW 202nd Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**3201 NW 202nd Street**  
Suite, Apt. #, etc.

City & State  
**Newberry, FL**  
Zip  
**32669**  
Country  
**USA**

City & State  
**Newberry, FL**  
Zip  
**32669**  
Country  
**USA**

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**

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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEPARD, CLIFFORD B III</b> <b>221 NORTHEAST IVANHOE BLVD.</b> <b>ORLANDO FL 32804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOULOS, KATHERINE E</b> <b>3201 N.W. 202ND STREET</b> <b>NEWBERRY FL 32669-2185</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABRABEN, REEVE D.M.D.</b> <b>8620 MILLHOPPER ROAD</b> <b>GAINESVILLE FL 32653</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AVERITT, BARRY</b> <b>3237 OHIO AVENUE</b> <b>JACKSONVILLE FL 32273</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CACIOPPO, LEONARD</b> <b>7273 ROYAL OAK DRIVE</b> <b>SPRING HILL FL 34607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORNSBY, ART</b> <b>9725 SW 129TH STREET</b> <b>ARCHER FL 32618</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **REQUIRED**

**1/14/03**

**407-206-2020**

CR2E037 (10/02)