

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003727

1. Entity Name

BAY LAKE CONSERVATION, FISHING, & HUNTING, INC.

Principal Place of Business

PO BOX 985
FT MCCOY FL 32134-0985

Mailing Address

PO BOX 985
FT MCCOY FL 32134-0985

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

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

RYALS, RAY
6314 N BLACK DAIRY RD
SEFFNER FL 33584

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	D	<input type="checkbox"/> Delete
NAME	RYALS, RAY	
STREET ADDRESS	PO BOX 985	
CITY-ST-ZIP	FT MCCOY FL 32134-0985	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDRON, JOHN	
STREET ADDRESS	PO BOX 202	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182-0202	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, RANDY	
STREET ADDRESS	PO BOX 567	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182-0567	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYALS, JERRY	
STREET ADDRESS	6314 N BLACK DAIRY RD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTZNER, CHARLIE	
STREET ADDRESS	17008 MELBA LANE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDRON, JIMMY	
STREET ADDRESS	FT L BOX 6000	
CITY-ST-ZIP	FT MCCOY FL 32134	

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
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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	

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: RAY RYALS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-02

813-626-4638

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90467 004 ****61.25