

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90048 018 \*\*\*\*61.25

**DOCUMENT # N01000004958**

1. Entity Name

**BUCK LAKE HUNT CLUB, INC.**

Principal Place of Business

Mailing Address

4965 HARRISON RD.  
MIMS FL 32754

4965 HARRISON RD.  
MIMS FL 32754

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

**59-3733239**

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

**WASILESKI, CARL**  
**507 S. PALM AVE.**  
**TITUSVILLE FL 32796**

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.

**SAME AGENT AS ABOVE**

SIGNATURE **Rosanne Toumey** *R. Toumey* **DT**

**3/5/02**

**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 **DP** ☐ Delete  
NAME **LUCIER, LEO R**  
STREET ADDRESS **4965 HARRISON RD.**  
CITY-ST-ZIP **MIMS FL 32754**

TITLE ☒ Change ☐ Addition  
NAME **MIMS, FL 32754**

TITLE **DV** ☐ Delete  
NAME **HILDERBRAND, DONALD**  
STREET ADDRESS **25370 ANTLER ST.**  
CITY-ST-ZIP **CHRISTMAN FL 32709**

TITLE ☒ Change ☐ Addition  
NAME **CHRISTMAS, FL. 32709**

TITLE **DT** ☐ Delete  
NAME **TOUMEY, ROSE**  
STREET ADDRESS **5740 SEMINOLE ST.**  
CITY-ST-ZIP **SCOTTSMOOR FL 32775**

TITLE ☒ Change ☐ Addition  
NAME **TOUMEY, ROSANNE**

TITLE **DS** ☐ Delete  
NAME **WAGONER, DEBRA**  
STREET ADDRESS **4230 HOG VALLEY RD.**  
CITY-ST-ZIP **MIMS FL 32754**

TITLE ☐ Change ☐ Addition  
NAME **SCOTTSMOOR, FL. 32775**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Rosanne Toumey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)