

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP MIMS, FL 32754

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 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
 STREET ADDRESS
 CITY-ST-ZIP SCOTTSMOOR, FL. 32775

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

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

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 R. Toumey 3/5/02 (321) 269-1261
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (8/01)