

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90269 015 ****61.25

DOCUMENT # N01000005060

1. Entity Name
BAYFIELD HUNT CLUB, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

RT. 22, BOX 2943
 LAKE CITY FL 32024

RT. 22, BOX 2943
 LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

RT 22 Box 2943

RT 22 Box 2943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

32024 Columbia

Zip

Country

32024 Columbia

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

LAWRENCE, GREGORY A
300 WEST ADAMS ST., STE. 400
JACKSONVILLE FL 32202

Name

LAWRENCE, Gregory A.
 Street Address (P.O. Box Number is Not Acceptable)

300 WEST ADAMS ST. STE. 400
 City **Jacksonville** FL Zip Code **32202**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROSE, EDWIN A**
 CITY-ST-ZIP **RT. 22, BOX 2943**
LAKE CITY FL 32024

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **REECE, GEORGE W**
 CITY-ST-ZIP **2508 COLLEGE HILL DR.**
BRANDON FL

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

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **ROSE, RICHARD A**
 CITY-ST-ZIP **RT. 22, BOX 2930**
LAKE CITY FL 32024

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
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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: **Edwin A Rose** / **Printed 8/24/02 386-752-0679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)