

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000005547

1. Entity Name

WITHLACOOCHEE HUNTING CLUB INC.

Principal Place of Business

3245 NW 30TH LN
JENNINGS FL 32053

Mailing Address

3245 NW 30TH LN
JENNINGS FL 32053

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

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

MCCULLEY, TERRY
3245 NW 30TH LN
JENNINGS FL 32053

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 DP
NAME MCCULLEY, TERRY
STREET ADDRESS 3245 NW 30TH LN
CITY-ST-ZIP JENNINGS FL 32053 ☐ Delete

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

TITLE DST
NAME WELLS, BRAD
STREET ADDRESS 2562 NW 44TH ST
CITY-ST-ZIP JASPER FL 32052 ☐ Delete

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

TITLE D
NAME CARTER, CLINT
STREET ADDRESS 3109 NW 40TH LOOP
CITY-ST-ZIP JENNINGS FL 32053 ☐ Delete

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

TITLE D
NAME CARTER, DANNY
STREET ADDRESS 3263 NW 40TH LOOP
CITY-ST-ZIP JENNINGS FL 32053 ☐ Delete

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

TITLE D
NAME WYNN, LAWRENCE
STREET ADDRESS 2125 NW 36TH WAY
CITY-ST-ZIP JENNINGS FL 32053 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Brad Wells* BRAD WELLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 386-362-2224
EXT 210

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90033 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)