## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 27, 2003 8:00 am **Secretary of State** DOCUMENT # N0100005548 01-27-2003 90324 029 \*\*\*\*70.00 BAKERS MILL HUNTING CLUB, INC. Principal Place of Business Mailing Address BAKERS MILL ROUTE 2 BOX 1-A JASPER FL 32052 HIGH SPRINGS FL 32643 3. Mailing Address 3480 GJernsey CT. 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Sacksonville Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sullivan, Erich GARCIA, ROLANDO J Street Address (P.O. Box Number is Not Acceptable) ROUTE 2 BOX 1-A HIGH SPRINGS FL 32643 Guernsey Jacksonville 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Epich Sullivan, DP Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 V Trust Fund Contribution. Florida Department of State 🗸 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D/P ☐ Change Addition TITLE Delete TITLE GARCIA, ROLANDO D/P NAME NAME **ROUTE 2 BOX 1A** STREET ADDRESS STREET ADDRESS **CR2E037** HIGH SPRINGS FL 32643 CITY-ST-ZIP CITY-ST-ZIP D/V ☐ Delete TITLE ☐ Addition TITLE Sullivan, Erich SULLIVAN, ERICH D/V NAME NAME 3480 Guernsey Court PO BOX 18221 STREET ADDRESS STREET ADDRESS Jacksonville, FL CITY-ST-ZIP JACKSONVILLE FL 32279 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE JEFFERS. WAYNE D/S NAME NAME 19112 ALBERCORN PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Change TITI £ ☐ Delete Lon Godwin Gob English Daks Dr. NAME STREET ADDRESS STREET ADDRESS Port Grange , FL 32127 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

□ Delete

SIGNATURE: ERIGISENIUGE, REQUIRED

CITY-ST-7IP

STREET ADDRESS

TITLE

\_\_\_ Change

Addition

FILED