

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005651

1. Entity Name

PUMP SHANTY HUNTING CLUB INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90373 041 ****61.25

Principal Place of Business

Mailing Address

3915 NW CR 150
JASPER FL 32052

3915 NW CR 150
JASPER FL 32052

00117010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

EIN 59-3759176

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEBB, JOHN
3915 NW CR 150
JASPER FL 32052

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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT	
STREET ADDRESS	1333 NW 84TH AVE.	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	3985 NW CR 150	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULDER, BRUCE	
STREET ADDRESS	3915 NW CR 150	
CITY-ST-ZIP	JASPER FL 32052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Webb	
STREET ADDRESS	3915 NW CR 150	
CITY-ST-ZIP	Jasper, FL 32052	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2002

Date

1386-397-4919

Daytime Phone #

CR2E037 (9/01)