FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 17, 2002 8:00 am DOCUMENT # N0100006251 Secrétary of State 05-22-2002 90180 029 ****61.25 CAMP BRANCH HUNTING CLUB, INC. Principal Place of Business Mailing Address 13604 CR 132 13604 CR 132 38976 JASPER FL 32052 JASPER FL 32052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number FEI Number Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, KEITH Street Address (P.O. Box Number is Not Acceptable) 13604 CR 132 JASPER FL 32052 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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. After September 13, 2002,

min. will be \$236.25.

SIGNATURE

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

Applied For Not Applicable

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition MORGAN, KEITH NAME NAME STREET ADDRESS 13604 CR 132 STREET ADDRESS CITY-ST-7IP JASPER FL 32052 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition POLLARD, DAVID NAME NAME STREET ADDRESS 13604 CR 132 STREET ADDRESS CITY-ST-ZIP JASPER FL 32052 CITY-ST-ZIP TITLE ____Change ☐ Addition NIEWISCH, MERT NAME STREET ADDRESS 13604 CR 132 STREET ADDRESS CITY-ST-ZIP Jasper FL 32052 CITY-ST-7IP Hal Pearson ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 13604 CR132 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Soeper FL 3 2052 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP 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: