

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

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90042 041 \*\*\*\*70.00

DOCUMENT # **NO2000002992**

1. Entity Name

**THREE BROTHERS HUNT CLUB, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**506 N. FORBES RD.**

Suite, Apt. #, etc.

3. Mailing Address

**506 N. FORBES RD.**

Suite, Apt. #, etc.

City & State

**PLANT CITY, FL.**

City & State

**PLANT CITY, FL.**

Zip

**33567**

Country

**HILLSBOROUGH**

Zip

**33567**

Country

**HILLSBOROUGH**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **ALLAN HARRIS**

Street Address (P.O. Box Number is Not Acceptable)

**12046 LACEY DR.**

City

**NEW PORT RICHEY,**

**FL**

Zip Code

**34654**

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.

SIGNATURE *Allan Harris* **ALLAN HARRIS**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-7-04**

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D**  
NAME **ALLAN HARRIS**  
STREET ADDRESS **12046 LACEY DR.**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **V/D**  
NAME **JASON HARRIS**  
STREET ADDRESS **12046 LACEY DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **S/T/D**  
NAME **ROSEANN HARRIS**  
STREET ADDRESS **12046 LACEY DR.**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Allan Harris* **ALLAN HARRIS** **4-7-04** **(727) 809-1213**

CR2E037B (12/02)