

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90219 033 \*\*\*\*70.00

**DOCUMENT# N02000002992**



1. Entity Name

**THREE BROTHERS HUNT CLUB, INC.**

Principal Place of Business

**506 N. FORBES ROAD  
PLANT CITY FL 33567**

Mailing Address

**506 N. FORBES ROAD  
PLANT CITY FL 33567**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☐ 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

**COX, DAVID  
506 N. FORBES ROAD  
PLANT CITY FL 33567**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David Cox**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents Signature required when reinstating)

DATE

**4-3-03**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P COX, DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>506 N. FORBES ROAD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE NAME	<b>V COX, GLEN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>506 N. FORBES ROAD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE NAME	<b>ST COX, ANN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>506 N. FORBES ROAD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**David Cox**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-03**

Date

**(813) 754-8238**

Daytime Phone #

CR2E037 (10/02)