

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

APPROVED
AND
FILED

03 JUN 23 PM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55042418

DOCUMENT # **N02000003117**

1. Entity Name
PINEY RIDGE HUNTING CLUB INC.



Principal Place of Business
9617 OAK RIDGE AVE
RIVERVIEW FL 33569

Mailing Address
9617 OAK RIDGE AVE
RIVERVIEW FL 33569

04/28/03 90516 041 \$61.25



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
706 Coade Stone Dr.
Suite, Apt. #, etc.

3. Mailing Address
706 Coade Stone Dr.
Suite, Apt. #, etc.

City & State
Seffner Fla.
Zip
33584
Country
US

City & State
Seffner Fla.
Zip
33584
Country
US

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEWTON, WILLIAM J.
9617 OAK RIDGE AVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent
Name **Newton, William J.**
Street Address (P.O. Box Number is Not Acceptable)
706 Coade Stone Ln.
City **Seffner** FL Zip Code **33584**

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 **William J. Newton**
Signature, typed or printed name of registered agent and title if applicable.

DATE **4/8/03**
(NOTE: Registered Agent signature required when reinstating)

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	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Director	William J. Newton	706 Coade Stone Dr.	Seffner Fla. 33584		
Trustee	William J. Newton	706 Coade Stone Dr.	Seffner Fla. 33584		
Officer	William J. Newton	706 Coade Stone Dr.	Seffner Fla. 33584		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2007 (10/02)

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 REQUIRED** **William J. Newton** 5/12/03 813-431-9713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #