

**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.

4/8/03  
DATE

(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 |                                 |
|----------------------------|---------------------------------|
| 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"/> Delete |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE NAME                 | <input type="checkbox"/> Delete |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |   |
| 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: William J. Newton 5/12/03 813-431-9713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2007 (10/02)