

FILED
May 29, 2003 8:00 am
Secretary of State

4/31

04-30-2003 90084 011 ****70.00

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

DOCUMENT # N02000005486

1. Entity Name

J & J HUNTING CLUB INC.



Principal Place of Business

Mailing Address

2631 E AVE S
ST PETE FL 33712

2631 E AVE S
ST PETE FL 33712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

JACKSON, DONALD G
2631 E AVE S
ST PETE FL 33712

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-03

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 P
NAME JACKSON, DONALD G
STREET ADDRESS 2631 E AVE S
CITY-STATE-ZIP ST PETE FL 33712 ☐ Delete

TITLE D
NAME JACKSON LARRY
STREET ADDRESS 631 N.W. 184TH TERRACE
CITY-STATE-ZIP MIAMI FL 33169 ☐ Delete

TITLE T
NAME MIKE McHENRY
STREET ADDRESS 3608 A MERIDEN AVE.
CITY-STATE-ZIP OLDSMAR, FL 34677 ☐ Delete

TITLE T
NAME JACKSON GAIL
STREET ADDRESS 631 N.W. 184TH TERRACE
CITY-STATE-ZIP MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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:

Donald B. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-03 727-328-2052

CR2E037 (10/02)