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03 AUG 25 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000007747			
1. Entity Name BUCK-WILD HUNTING CLUB INC.			
Principal Place of Business 4528 126TH PL B WELLBORN, FL 32094 US		Mailing Address P.O. BOX 841 WELLBORN, FL 32094 US	
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	
HALLMAN, JOEL A 4528 126TH PL B WELLBORN, FL 32094		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 _____ Signature, typed or printed name of registered agent and title if applicable. (MORE Registered Agent signatures required when necessary) DATE			
FILE NOW! FEES \$01.25 Initial or Additional UBR		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HALLMAN, JOEL A PRES P.O. BOX 841 WELLBORN, FL 32094 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 40002255459 08/25/03--01100--005 **1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, STEVE 620 SCARLET MAPLE CT PLANT CITY, FL 33667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS HALLOCK, BARBARA D 4528 126TH PL B WELLBORN, FL 32094 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COORD HOUK, DENNY 3129 S E 6TH ST OCALA, FL 34471 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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 517, 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 filing empowered.			
SIGNATURE: <u>Joel Anthony Hallman</u> 8-20-03 (386)365-7430 SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #			

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