

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10632

1. Entity Name

BURNT ISLAND HUNTING CLUB, INC.

Principal Place of Business

C/O LOUIS W R OWELL  
P.O. BOX 280  
OLD TOWN FL

Mailing Address

C/O LOUIS W R OWELL  
P.O. BOX 280  
OLD TOWN FL 32680-0280

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3016766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROWELL, LOUIS  
RT 3 BOX 301 3  
OLD TOWN FL 32680

7. Name and Address of New Registered Agent

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.

SIGNATURE

LOUIS W. ROWELL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GAINNEY, GEORGE  
STREET ADDRESS PO BOX 1386 HWY 55A N/A  
CITY-ST-ZIP CROSS CITY FL 32628

TITLE VD ☐ Delete  
NAME PADGETT, ED  
STREET ADDRESS 3557-EDS COURT  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE D ☐ Delete  
NAME BORKLUND, RICHARD  
STREET ADDRESS PO BOX 125  
CITY-ST-ZIP CROSS CITY FL 32628

TITLE D ☐ Delete  
NAME DRIGGERS, KENNETH  
STREET ADDRESS PO BOX 2052  
CITY-ST-ZIP CROSS CITY FL 32628

TITLE STD ☐ Delete  
NAME ROWELL, LOUIS W  
STREET ADDRESS HC 3 BOX 301  
CITY-ST-ZIP OLD TOWN FL 32680

TITLE D ☐ Delete  
NAME FULLE, R PAUL  
STREET ADDRESS P.O. BOX 1117 NA  
CITY-ST-ZIP TRENTON FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90103 030 \*\*\*\*61.25

U U U U S I



DO NOT WRITE IN THIS SPACE

1/7/00 (352) 542-3421  
Date Daytime Phone #