

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10632

1. Entity Name

BURNT ISLAND HUNTING CLUB, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90056 004 ****61.25

Principal Place of Business

Mailing Address

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

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

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

59-3016766

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

ROWELL, LOUIS

3 BOX 301 HC-3 BOX 901
OLD TOWN FL 32680

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME PADGETT, ED
STREET ADDRESS 3557 EDS COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE VP ☐ Delete
NAME FULLER, PAUL
STREET ADDRESS P.O. BOX 1117
CITY-ST-ZIP TRENTON FL 32693

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

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

TITLE ☒ Change ☐ Addition
NAME D. Richard Fuller
STREET ADDRESS P.O. BOX 1117
CITY-ST-ZIP TRENTON, FL 32693

TITLE D ☐ Delete
NAME NELSON, CLIFFORD
STREET ADDRESS P.O. BOX 2381
CITY-ST-ZIP CROSS CITY FL 32628

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

TITLE D ☐ Delete
NAME NORTHUP, HAROLD
STREET ADDRESS HC2 BOX 45
CITY-ST-ZIP OLD TOWN FL 32680

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

TITLE D ☐ Delete
NAME CHANCEY, JAMES
STREET ADDRESS P.O. BOX 198
CITY-ST-ZIP PERRY FL 32348

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 Louis Rowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/02 (352) 542-3421

Date Daytime Phone #

CR2E037 (9/01)