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

## DOCUMENT # N10632

1. Entity Name

BURNT ISLAND HUNTING CLUB, INC.



**FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90001 031 \*\*\*\*61.25

Principal Place		ū	Mailing Address C/O LOUIS W R OWELL						
C/O LOUIS W R OWELL P.O. BOX 280 OLD TOWN FL		P.O. BOX 280 OLD TOWN FL			1 2004 (181 002 1107) 0			ii 1111 1111	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number <b>59-3016766</b>		J	Applied For Not Applicable	
Zip	Country Z		p Country		5. Certificate of Statu		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			<u> </u>	<u> </u>	7. Name and Addres	s of New Registe	red Agent		
	<u> </u>			Name					
ROWELL,			Street Address		s (P.O. Box Number is Not	Acceptable)			
HČ 3 BO	( 301 /N FL 32680							·	
OLD TON	N FL 32000		City				FL Zip Coc	le	
9. The shove	named entity submits this statement	for the purpose of cha	enging its register	red office or reais	tered agent, or both, in the	State of Florida. I	am familiar with,	and accept	
	ions of registered agent.	tion the purpose of one	gg				4		
	Acris a	10				11-	103		
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Register	ed Agent signature requ	ired when reinstating)	<del></del>	ATE		
	Olginatio, typed of printed harries of ogsets of ag	1			<del></del>				
EU E NOW: EEE IS \$61.25			ection Campaign ist Fund Contribu		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICERS AND	DIRECTORS	11		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS IN	V 10	
TITLE	P	□ D	elete TIT	LE		<del></del> -	☐ Change	☐ Addition	
NAME	PADGETT, ED		NA						
	3557 EDS COURT	0.40		REET ADDRESS Y-ST-ZIP		•			
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32 VP						:Change	Addition	
TITLE NAME	FULLER, PAUL	□ D	-	ME I				_	
	P.O. BOX 1117		STI	REET ADDRESS					
CITY-ST-ZIP	TRENTON FL 32693		CIT	Y-ST-ZIP					
TITLE	D	□ D	elete TIT	LE			☐ Change	☐ Addition	
NAME	FULLET, RICHARD			ME REET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	P.O BOX 1117 TRENTON FL 32693			Y-ST-ZIP					
	D TRENTON FE 32093			LE			☐ Change	Addition	
TITLE NAME	NELSON, CLIFFORD	_ U		ME				_	
STREET ADDRESS	P.O. BOX 2381		ST	REET ADDRESS					
CITY-ST-ZIP	CROSS CITY FL 32628	<u></u>	cn	Y-ST-ZIP					
THILE	D			LE			☐ Change	Addition	
NAME	NORTHUP, HAROLD			ME PETE ADDRESS					
STREET ADDRESS	HC2 BOX 45			REET ADDRESS TY-ST-ZIP			•		
CITY-ST-ZIP	OLD TOWN FL 32680						Change	Addition	
TITLE	D CHANCEY, JAMES			'LE ME					
NAME STREET ADDRESS	P.O. BOX 198			REET ADDRESS					
CITY-ST-ZIP	PERRY FL 32348			TY-ST-ZIP					
501 01 E	FERRI FL 32340		116 - 5 - 41		Section 110 07/3\(i) Flori	do Statutas. I furth	or cortify that the	information	

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:

QLOUIS Rowell

1252 5712-3421