


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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90001 031 ****61.25

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3016766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROWELL, LOUIS HC 3 BOX 301 OLD TOWN FL 32680	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Louis Rowell</i>	DATE <i>1/7/03</i>

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADGETT, ED 3557 EDS COURT GREEN COVE SPRINGS FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLER, PAUL P.O. BOX 1117 TRENTON FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLET, RICHARD P.O BOX 1117 TRENTON FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, CLIFFORD P.O. BOX 2381 CROSS CITY FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHUP, HAROLD HC2 BOX 45 OLD TOWN FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANCEY, JAMES P.O. BOX 198 PERRY FL 32348

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: <i>Louis Rowell</i>	DATE: <i>1/7/03</i>	FILED: <i>1252 5742-3421</i>
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CR2E037 (10/02)