

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10842

1. Entity Name

SOUTH-GATE HUNTING CLUB, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90238 006 ****61.25

Principal Place of Business

SOUTHGATE HUNTING CLUB
P. O. BOX 122
SANDERSON FL 32087
US

Mailing Address

SOUTHGATE HUNTING CLUB
P. O. BOX 122
SANDERSON FL 32087-0122
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 **59-2655913**

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

DAVIS, RONALD
226 CEDAR CREEK DR
BOX 226
SANDERSON FL 32087

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 **VD** ☐ Delete
NAME **ALFORD, WAYNE**
STREET ADDRESS **ROUTE 1, BOX 415**
CITY-ST-ZIP **SANDERSON FL 32087**

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

TITLE **PD** ☐ Delete
NAME **PRESTON, DAVIS**
STREET ADDRESS **RT 1 BOX 94**
CITY-ST-ZIP **SANDERSON FL**

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

TITLE **SD** ☐ Delete
NAME **WILLIAMS, WILLIAM I.**
STREET ADDRESS **ROUTE 1, BOX 108**
CITY-ST-ZIP **SANDERSON FL 32087**

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

TITLE **TD** ☐ Delete
NAME **DAVIS, RONALD**
STREET ADDRESS **226 CEDAR CREEK DRIVE**
CITY-ST-ZIP **SANDERSON FL 32087**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Ronald Davis* **RONALD DAVIS** Treasurer 4-18-00 275-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)