

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10842

1. Entity Name

SOUTH-GATE HUNTING CLUB, INC.

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  
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

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

7. Name and Address of New Registered Agent

Name

DAVIS, RONALD

Street Address (P.O. Box Number is Not Acceptable)

13737 Cedar Creek DR

City

SANDERSON

FL

Zip Code

32087

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALFORD, WAYNE ROUTE 1, BOX 415 SANDERSON FL 32087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESTON, DAVIS RT 1 BOX 94 SANDERSON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, WILLIAM I. ROUTE 1, BOX 108 SANDERSON FL 32087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, RONALD 226 CEDAR CREEK DRIVE SANDERSON FL 32087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alford, Wayne 14379 US 90 SANDERSON, FL 32087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Davis, Preston 10361 Bentie Davis Circle SANDERSON, FL 32087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Williams, William I. 14212 US 90 SANDERSON, FL 32087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, RONALD 13737 Cedar Creek DR SANDERSON, FL 32087	<input checked="" 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.

SIGNATURE: Ronald Davis RONALD DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

904-275-2663

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90273 048 \*\*\*\*61.25

645103



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)