

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16281

1. Entity Name

WACCASASSA HUNTING CLUB, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90128 029 ****61.25

Principal Place of Business

Mailing Address

C/O DARYL EDWARDS
P.O. BOX 1777
CHIEFLND FL 32644
US

C/O DARYL EDWARDS
P.O. BOX 1777
CHIEFLAND FL 32644-1777
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2556486

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDWARDS, DARYL
105 E. PARK AVE.
CHIEFLND FL 32626

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 VP
NAME COGGINS, DENNIS
STREET ADDRESS 850 NE HWY ALT 27
CITY-ST-ZIP CHIEFLND FL ☒ Delete

TITLE VP
NAME PHILLIPS, Darryl
STREET ADDRESS 7750 NE 173 Terr.
CITY-ST-ZIP Williston, FL 32696 ☐ Change ☒ Addition

TITLE SD
NAME WILSON, DAVID
STREET ADDRESS 6291 NE 183RD CT
CITY-ST-ZIP WILLISTON FL ☐ Delete

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

TITLE D
NAME CURL, JAMES
STREET ADDRESS 923 NW 7TH ST
CITY-ST-ZIP WILLISTON FL ☒ Delete

TITLE D
NAME Smith, Tracy
STREET ADDRESS 6920 SE 88 Lane
CITY-ST-ZIP Trenton, FL 32693 ☐ Change ☒ Addition

TITLE TD
NAME HAMMELL, FOREST
STREET ADDRESS 5450 N.E. 101 AVE.
CITY-ST-ZIP BRONSON FL ☐ Delete

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

TITLE PD
NAME SEAY, MAJOR C.
STREET ADDRESS 2530 S.W. 266TH ST
CITY-ST-ZIP NEWBERRY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Forest Hammell* REQUESTED Hammell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00 (352)486-2766

Date

Daytime Phone #

CR2E037 (9/99)