

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90029 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N16281**  
1. Entity Name  
**WACCASASSA HUNTING CLUB, INC.**

Principal Place of Business Mailing Address  
C/O DARYL EDWARDS C/O DARYL EDWARDS  
P.O. BOX 1777 P.O. BOX 1777  
CHIEFLAND FL 32644 CHIEFLAND FL 32644  
US 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 **59-2556486** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**EDWARDS, DARYL**  
**105 E. PARK AVE.**  
**CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent  
Name **JEFF BEAUCHAMP**  
Street Address (P.O. Box Number is Not Acceptable)  
**105 EAST PARK AVE**  
City **CHIEFLAND** FL Zip Code **32626**

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 **JEFF BEAUCHAMP** (NOTE: Registered Agent signature required when reinstating) DATE **1/8/01**

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 VP ☐ Delete  
NAME **DERRYL, PHILLIPS**  
STREET ADDRESS **7750 NE 173 TERR**  
CITY-ST-ZIP **WILLISTON FL 32696**  
TITLE SD ☐ Delete  
NAME **WILSON, DAVID**  
STREET ADDRESS **6291 NE 183RD CT**  
CITY-ST-ZIP **WILLISTON FL**  
TITLE D ☐ Delete  
NAME **SMITH, TRACY**  
STREET ADDRESS **6920 SE 88 LANE**  
CITY-ST-ZIP **TRENTON FL 32693**  
TITLE TD ☐ Delete  
NAME **HAMMELL, FOREST**  
STREET ADDRESS **5450 N.E. 101 AVE.**  
CITY-ST-ZIP **BRONSON FL**  
TITLE PD ☐ Delete  
NAME **SEAY, MAJOR C.**  
STREET ADDRESS **2530 S.W. 266TH ST**  
CITY-ST-ZIP **NEWBERRY FL**  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
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: **Forest Hammell** 01-08-01 (352) 486-2766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)