

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16387

1. Entity Name

RIVER HILL HUNTING CLUB, INC.

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90482 050 ****70.00

0063854

Principal Place of Business C/O STEVE BRAY P.O. BOX 308 JAY FL 32565 US	Mailing Address C/O STEVE BRAY P.O. BOX 308 JAY FL 32565 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
--	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

BRAY, STEVE
2892 MCDUFFIE LANE
JAY FL 32565

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE VS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BRAY, DEREK 2892 MCDUFFIE LANE JAY FL 32565 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JIMMY 3110 PINE LEVEL CHURCH RD JAY FL 32565 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JERRY 12011 HWY 89 JAY FL 32565 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JIMMY 2858 MEADOWBROOK LANE JAY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BRAY, STEVE 2892 MCDUFFIE LANE JAY FL 32565 <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	PDST BRAY, DEREK 6375 SLASH PINE RD JAY, FL. 32565 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, STEVE 2892 MCDUFFIE LANE JAY, FL. 32565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORDERS, KAVIN 13941 HWY 87N JAY, FL. 32565 <input type="checkbox"/> Change <input checked="" 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: *Steve Bray* **SIGNATURE REQUIRED** **BRAY - PRESIDENT** **04-03-02** **850-675-4597**

CR2E037 (9/01)