

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90185 013 ****61.25

DOCUMENT # N16387

1. Entity Name

RIVER HILL HUNTING CLUB, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

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 ☐

\$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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PDST	<input type="checkbox"/> Delete
NAME	BRAY, DEREK	
STREET ADDRESS	6375 SLASH PINE RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, JIMMY	
STREET ADDRESS	3110 PINE LEVEL CHURCH RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JERRY	
STREET ADDRESS	12011 HWY 89	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JIMMY	
STREET ADDRESS	2858 MEADOWBROOK LANE	
CITY-ST-ZIP	JAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAY, STEVE	
STREET ADDRESS	2892 MCDUFFIE LANE	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BORDERS, KAVIN	
STREET ADDRESS	13941 HWY 87N	
CITY-ST-ZIP	JAY FL 32565	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Cannon	
STREET ADDRESS	4392 Curt Lane	
CITY-ST-ZIP	Jay, FL 32565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Derek S. Bray* **Derek S. Bray** 4-23-03 850-336-4002

CR2E037 (10/02)