


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90125 012 ****70.00

DOCUMENT # N17269

1. Entity Name
MCDADE HUNTING CLUB, INCORPORATED



Principal Place of Business Mailing Address

**5031 MOLINO RD
MOLINO FL 32577
US** **5031 MOLINO RD PO Box 70
MOLINO FL 32577
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 **59-3015841** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GINDL, PETER R. SR.
5031 MOLINO RD
MOLINO FL 32577**

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 Peter R. Gindl Sr. DATE 4-25-03

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 | PD | <input type="checkbox"/> Delete |
| NAME | GINDL, PETE | |
| STREET ADDRESS | 5031 MOLINO RD. | |
| CITY-ST-ZIP | MOLINO FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GINDL, PETER, JR. | |
| STREET ADDRESS | 5881 MOLINO RD. | |
| CITY-ST-ZIP | MOLINO FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GINDL, STEPHEN C | |
| STREET ADDRESS | 5750 MOLINO RD | |
| CITY-ST-ZIP | MOLINO FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MORGAN, CLARENCE | |
| STREET ADDRESS | 110 RIDGEWAY STREET | |
| CITY-ST-ZIP | CANTONMENT FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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: Peter R. Gindl Sr. DATE: 4-25-03 850-937-2308

CP2E037 (10/02)