

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90019 029 \*\*\*\*70.00

**DOCUMENT # N17715**

1. Entity Name

**COLDWATER HUNTING CLUB, INC.**

Principal Place of Business

% PAUL FLINN  
 550 SIMMIE LEWIS RD  
 MILTON FL 32570  
 US

Mailing Address

640 JIMMY LEWIS RD  
 MILTON FL 32570  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2734322**

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

FLINN, PAUL  
 550 JIMMIE LEWIS RD  
 MILTON FL 32570

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 PAUL FLINN

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 ☐ Delete  
 NAME **TO FLINN, SHANNON**  
 STREET ADDRESS **640 JIMMIE LEWIS RD**  
 CITY-ST-ZIP **MILTON FL**

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

TITLE ☐ Delete  
 NAME **D DAVIS, JOEL T.**  
 STREET ADDRESS **RT.3, BOX 96**  
 CITY-ST-ZIP **MILTON FL**

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

TITLE ☐ Delete  
 NAME **D DAVIS, JERRY**  
 STREET ADDRESS **RT.3, BOX 97**  
 CITY-ST-ZIP **MILTON FL**

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

TITLE ☐ Delete  
 NAME **SD FLINN, LANCE A.**  
 STREET ADDRESS **7028 RYAN LANE**  
 CITY-ST-ZIP **MILTON FL**

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

TITLE ☐ Delete  
 NAME **D HOLLEY, MILLARD**  
 STREET ADDRESS **RT.3, BOX 205**  
 CITY-ST-ZIP **MILTON FL**

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

TITLE ☐ Delete  
 NAME **DP FLINN, PAUL**  
 STREET ADDRESS **RT.6, BOX 252**  
 CITY-ST-ZIP **MILTON FL 32570**

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:** SHANNON D. FLINN **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-02**

Date

**850-623-0856**

Daytime Phone #

CR2E037 (9/01)