2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90164 014 ****61.25

0061822

DOCUMENT # N19438

1. Entity Name

SWEET GUM HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
~~RT. 5 BOX 6030~~ ~~MADISON FL 32340~~ US	~~RT 5 BOX 6030~~ ~~MADISON FL 32340~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
257 NE Pineapple St.	257 NE Pineapple St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinetta, FL	City & State: Pinetta, FL
Zip: 32350 Country: US	Zip: 32350 Country: US

4. FEI Number 59-2952441 ☐ Applied For ☐ Not Applicable

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
HAMMOCK, LARRY J. ~~RT 5 BOX 6030~~ 257 NE Pineapple St. ~~HIGHWAY 145 NORTH~~ Pinetta, FL 32350 ~~MADISON FL 32340~~	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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMMOCK, WENDELL T. ~~ROUTE 1, BOX 162~~ PINETTA FL 32350	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 365 NE Tarragon St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WASHINGTON, MIKE ~~RT. 1, BOX 364~~ PINETTA FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1303 MT. Horeb Rd.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAMMOCK, LARRY J. ~~RT 5 BOX 6030~~ MADISON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 257 NE Pineapple St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Larry J. Hammock SIGNATURE REQUIRED Larry J. Hammock 3/24/01 850-929-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #