

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90071 009 ****61.25

DOCUMENT # N20614

1. Entity Name
S & W HUNTING CLUB, INC.



Principal Place of Business

**C/O FOY L. BEASLEY
4631 DEERFIELD DRIVE
PENSACOLA FL 32526**

Mailing Address

**C/O FOY L. BEASLEY
4631 DEERFIELD DRIVE
PENSACOLA FL 32526**

90062092



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2454495**

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

**BEASLEY, FOY L.
4631 DEERFIELD DRIVE
PENSACOLA FL 32526**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **SMITH, HUBERT**
STREET ADDRESS **4460 HWY 29 N**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **Director** ☒ Change ☐ Addition
NAME **Jimmy Butler**
STREET ADDRESS **3421 Smyth Dr**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **V-Pres** ☐ Delete
NAME **BUSH, WILLIAM C.**
STREET ADDRESS **3710 HIGHWAY 297-A**
CITY-ST-ZIP **CANTONMENT FL**

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

TITLE **P** ☐ Delete
NAME **SCHLUTER, E.A.**
STREET ADDRESS **109 FLORIDA AVENUE**
CITY-ST-ZIP **GULF BREEZE FL**

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

TITLE **ST** ☐ Delete
NAME **BEASLEY, FOY L.**
STREET ADDRESS **4631 DEERFIELD DR.**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **DAVID PARSONS**
STREET ADDRESS **1220 Finley Dr**
CITY-ST-ZIP **Pensacola FL 32514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **FEIGNATURE REQUIRED**

3/25/03 (850)944-2174

CR2E037 (10/02)