

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21085

1. Entity Name

~~SPENCER'S PASTURE SPORTSMAN CLUB, INC.~~

Berryhill Hunting Club, Inc.

Principal Place of Business

Mailing Address

~~5773 MILL POND LN.
MILTON FL 32583~~

~~5773 MILL POND LN.
MILTON FL 32583-1788~~

2. Principal Place of Business

5249 Emerald Dr.

3. Mailing Address

5249 Emerald Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pace FL

City & State

Pace FL

4. FEI Number

59-2951667

Applied For

Not Applicable

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERRY, L. ANDREW
5773 MILL POND LN.
MILTON FL 32583

7. Name and Address of New Registered Agent

Name Steve Hoopes

Street Address (P.O. Box Number is Not Acceptable)
5249 Emerald Dr.

City Pace

FL

Zip Code 32571

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-22-00

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FULFORD, J.D.	
STREET ADDRESS	P. O. BOX 247 N/A	
CITY-ST-ZIP	JAY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, W. J.	
STREET ADDRESS	6361 WISTERIA DR	
CITY-ST-ZIP	MILTON FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, L. ANDREW	
STREET ADDRESS	5773 MILL POND LN.	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Roland	
STREET ADDRESS	6737 Tyler Rd.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell Canley	
STREET ADDRESS	4436 woodbine Rd.	
CITY-ST-ZIP	Pace FL 32571	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Hoopes	
STREET ADDRESS	5249 Emerald Dr.	
CITY-ST-ZIP	Pace FL 32571	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90008 003 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)