

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90363 034 ****61.25

DOCUMENT # N21085

1. Entity Name

BERRYHILL HUNTING CLUB, INC.

Principal Place of Business

5249 EMERALD DR.
 PACE FL 32571

Mailing Address

5249 EMERALD DR.
 PACE FL 32571

2. Principal Place of Business

4436 Woodbine Rd

Suite, Apt. #, etc.

3. Mailing Address

4436 Woodbine Rd

Suite, Apt. #, etc.

City & State

Pace FL

City & State

Pace FL

Zip

32571

Country

U.S.
 Santa Pas

Zip

32571

Country

4. FEI Number

59-2951667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOOMES, STEVE
 5249 EMERALD DR.
 PACE FL 32571

7. Name and Address of New Registered Agent

Name

Russell Carnley

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

4436 Woodbine Rd

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. 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

7-10-02

After September 13, 2002,
 min. will be \$236.25.

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	VD	<input checked="" type="checkbox"/> Delete
NAME	ROLAND, BOB	
STREET ADDRESS	6737 TYLER RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAINLEY, RUSSELL Carnley, Russell	
STREET ADDRESS	4436 WOODBINE RD	
CITY-ST-ZIP	MILTON FL 32571 Pace, FL 32571	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HOOMES, STEVE	
STREET ADDRESS	5249 EMERALD DR.	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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 REQUIRED**

7-10-02