

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22337

1. Entity Name

THE MCINTIRE HUNTING CLUB, INCORPORATED

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90122 009 ****61.25

Principal Place of Business

Mailing Address

C/O JAMES F. HARDY
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641

C/O JAMES F. HARDY
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641-7761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2895969

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

HARDY, JAMES F.
31 S.E. 71ST TERRACE
GAINESVILLE FL 32641-7761

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. DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** **COURTNEY, CLIFTON** ☐ Delete
NAME **CLIFTON COURTNEY**
STREET ADDRESS **RT 4, BOX 542**
CITY-ST-ZIP **CHIEFLND FL**

TITLE **DIRECTOR** **ALTMAN, CHARLES** ☐ Change ☒ Addition
NAME **ALTMAN, CHARLES**
STREET ADDRESS **5650 SW 104 COURT**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **STD** ☐ Delete
NAME **HARDY, JIM**
STREET ADDRESS **31 SE 71ST TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DIRECTOR** **GRIFFIN, KENNETH** ☐ Change ☒ Addition
NAME **GRIFFIN, KENNETH**
STREET ADDRESS **6051 NW 60 STREET**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **D-VP** ☐ Delete
NAME **SWILLEY, JAMES**
STREET ADDRESS **3550 NW 140 ST**
CITY-ST-ZIP **CHIEFLND FL**

TITLE **DIRECTOR** **RUCKER, RODNEY** ☐ Change ☒ Addition
NAME **RUCKER, RODNEY**
STREET ADDRESS **2655 SW 4 ROAD**
CITY-ST-ZIP **NEWISERRY FL 32669**

TITLE **D** ☐ Delete
NAME **ROBINSON, CAROL CARL**
STREET ADDRESS **5650 SW 103 TERRACE**
CITY-ST-ZIP **CEDAR KEY FL 32625**

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

TITLE **P D** ☐ Delete
NAME **HART, JOHN**
STREET ADDRESS **204 NW 4 AVENUE**
CITY-ST-ZIP **CHIEFLND FL**

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

TITLE **VP P** ☐ Delete
NAME **MATHEWS, KENNETH**
STREET ADDRESS **14850 NW 60 AVE**
CITY-ST-ZIP **CHIEFLND FL**

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:

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

1-26-00
Date

352-376-3187
Daytime Phone #