

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22337

1. Entity Name

THE MCINTIRE HUNTING CLUB, INCORPORATED

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2895969

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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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:

*James F. Hardy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

352-376-3187

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90142 005 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE