

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22337

1. Entity Name

THE MCINTIRE HUNTING CLUB, INCORPORATED

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90089 012 ****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

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

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

TITLE DIRECTOR
NAME WRIGHT, REASON
STREET ADDRESS 4006 NE 4 PLACE
CITY-ST-ZIP OCALA FL 34470 ☐ Change ☒ Addition

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

TITLE DIRECTOR
NAME RUCKER, RODNEY
STREET ADDRESS 26550 SW 4 ROAD
CITY-ST-ZIP NEWBERY, FL 32669 ☐ Change ☒ Addition

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)