

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25136

1. Entity Name

BUGUM BAY HUNTING CLUB, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90223 033 \*\*\*\*61.25

Principal Place of Business

HORESHOE BEACH ROAD  
P.O. BOX 879  
CROSS CITY FL 32628

Mailing Address

HORESHOE BEACH ROAD  
P.O. BOX 879  
CROSS CITY FL 32628

**A0074068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2951741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKINNER, ROY  
351 S  
CROSS CITY FL 32628

7. Name and Address of New Registered Agent

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 *Roy Skinner*  
Signature typed or printed name of registered agent and title if applicable.

*Secretary*  
(NOTE: Registered Agent signature required when reinstating)

*8/20/00*  
DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNIGHT, DWIGHT	
STREET ADDRESS	351 S. HORSESHOE BCH RD	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SKINNER, ROY	
STREET ADDRESS	351 S. HORSESHOE BCH RD	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, DOYLE	
STREET ADDRESS	BARBER ST.	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, TODD	
STREET ADDRESS	1515 N YOUNG BLVD	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAPERLE, DAVID	
STREET ADDRESS	HWY 41 S	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Tompkins	
STREET ADDRESS	Trailsend Rd	
CITY-ST-ZIP	Florida city FL 34436	
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: *Roy Skinner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/20/00*  
Date

*352-4982416*  
Daytime Phone #

CR2E037 (5/00)