

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25136

1. Entity Name

BUGUM BAY HUNTING CLUB, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2951741

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

SKINNER, ROY
351 S
CROSS CITY FL 32628

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 PD
NAME KNIGHT, DWIGHT
STREET ADDRESS 351 S. HORSESHOE BCH RD
CITY-ST-ZIP CROSS CITY FL ☐ Delete

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

TITLE STD
NAME SKINNER, ROY
STREET ADDRESS 351 S. HORSESHOE BCH RD
CITY-ST-ZIP CROSS CITY FL ☐ Delete

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

TITLE D
NAME THOMAS, DOYLE
STREET ADDRESS BARBER ST.
CITY-ST-ZIP CROSS CITY FL 32628 ☐ Delete

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

TITLE D
NAME THOMPkins, BILL
STREET ADDRESS TRAILAND RD
CITY-ST-ZIP FLORAL CITY FL 34436 ☐ Delete

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

TITLE D
NAME LAPERLE, DAVID
STREET ADDRESS HWY 41 S
CITY-ST-ZIP INVERNESS FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED Roy Skinner

4/29/02

3524982416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)