

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25322

1. Entity Name

THE PINE LAKE HUNTING CLUB, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90040 024 ****61.25

Principal Place of Business

Mailing Address

S.R. 53 SOUTH
MADISON FL 32340
US

PO BOX 328
MADISON FL 32341-0328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2961018

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

ELLIS, ROY
WEST FARM RD.
LEE FL 32059

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 DS
NAME PROCTOR, JACK
STREET ADDRESS RT. 1, BOX 325
CITY-ST-ZIP MADISON FL ☐ Delete

TITLE D.
NAME SMITH GARRETH
STREET ADDRESS P.O. Box 688
CITY-ST-ZIP Madison, FL. 32341 ☐ Change ☒ Addition

TITLE D
NAME CANTEY, BLAKE
STREET ADDRESS RT. 4, BOX 1400
CITY-ST-ZIP MADISON FL 32340 ☒ Delete

TITLE D
NAME Thigpen, Larry
STREET ADDRESS RT. 1, Box 2285
CITY-ST-ZIP Madison, FL. 32340 ☐ Change ☒ Addition

TITLE D
NAME SOWELL, ALAN
STREET ADDRESS 201 S RANGE STREET
CITY-ST-ZIP MADISON FL ☐ Delete

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

TITLE D
NAME CARRUTH, LESTER
STREET ADDRESS 8303 S.E. 123 CRT.
CITY-ST-ZIP JASPER FL 32052 ☐ Delete

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

TITLE D
NAME ELLIS, ROY
STREET ADDRESS RT. 1, WEST FARM RD N/A
CITY-ST-ZIP LEE FL ☐ Delete

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

TITLE PD
NAME ELLIS, FRANK
STREET ADDRESS RT 1, WEST FARM RD.
CITY-ST-ZIP LEE FL 32059 ☐ 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

4-17-00

850-973-2281

Date

Daytime Phone #

CR: 017 (1/99)