2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25322

1. Entity Name

THE PINE LAKE HUNTING CLUB, INC.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90056 027 ****61.25

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Principal Pla	ace of Business	Mailir	g Address	· · · · · · · · · · · · · · · · · · ·						
S.R. 53 SOU	TH	PO BO	_							
MADISON FL	. 32340		ON FL 32341							
US		US			ĺ					
) (39) (10) 010 1				//
2. Principal	Place of Business	3. Mai	3. Mailing Address							
Suite, Ap	ot. #, etc.	Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & St	ate	Ci	v & State		4	. FEI Number 5	0.0004040		ΙΔι	oplied For
			•			5	9-296 IU IB			ot Applicable
Zip	Country	Zij)	Country				- 42	8.75 Add	
·			والمناوسة المناوسة	وراد معجود المالية		Certificate of S			e Require	
	6. Name and Address of	f Current Registere	d Agent	<u> </u>			ress of New Regis	tered Ag	ent	
				Name	***					
ELLIS, ROY										
	ARM RD.		Street Address			(P.O. Box Number is Not Acceptable)				
LEE FL	F .			 						
ELL I L	,									
,	. ,,,			City				FL	Zip Cod	e
□ Thotab=:	o named antity as the site of	tamant fa "						1		
the oblica	re named entity submits this sta ations of registered agent.	iternent for the purp	ose of changing its	registered office or	registered a	agent, or both, in	the State of Florida	. I am fam	niliar with,	and accept
tric obligi										
	day of									
SIGNATURE	Signature, typed or printed name of regis	stared agent and title if one	linable (MCT)	C. Desistant de la constitución						
*.	1 144	stered agent and title it app	icable. (NOTI	E: Registered Agent signatur	re required whei	n reinstating)		DATE		
	**									
3	FILE NOW: FEE IS \$61.	.25		mpaign Financing	_ \$5	5.00 May Be	Make (Check F	ayable	to
3			Trust Fund C	Contribution.		ded to Fees	Florida E			
10.		AND DIRECTORS		11.	ADD	DITIONS/CHANG	ES TO OFFICERS A	ND DIREC	CTORS IN	10
TITLE	DS		Delete	TITLE] Change	Addition
NAME	PROCTOR, JACK			NAME		•				
STREET ADDRESS	I III I DON OLO			STREET ADDRESS						
CITY-ST-ZIP	MADISON FL			CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE					Change	☐ Addition
NAMÉ	SMITH, GARRETT			NAME				I	1 Change	
STREET ADDRESS	1			STREET ADDRESS						
CITY-ST-ZIP	MADISON FL 32341		1	CITY-ST-ZIP	م نجد ندا ر	· - .		and deline and		-
TITLE	D		☐ Delete	TITLE					1 Ch	[T] # 22714
NAME	SOWELL, ALAN		- Delete	NAME				L] Change	Addition
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	MADISON FL			CITY-ST-ZIP						
	D D			·			*			
TITLE	1 -		Delete	TITLE) Change	☐ Addition
NAME OTREET ADDRESS	PEAVY, OPIE			NAME						
STREET ADDRESS	RT 3 BOX 1765	•		STREET ADDRESS						
CITY-ST-ZIP	MADISON FL 32340	1.00		CITY-ST-ZIP						
TITLE	P		☐ Delete	TITLE					Change	Addition
NAME	ELLIS, ROY			NAME					٠	- "
STREET ADDRESS	RT 1 BOX 2700			STREET ADDRESS						
CITY-ST-ZIP	LEE FL 32059			CITY-ST-ZIP						
TITLE	n .									
NAME	D		L I Delete	TITLE				1 1		
14.0116	ELLIS, FRANK		☐ Delete	TITLE NAME					Change	☐ Addition
	ELLIS, FRANK		L_J Delete	NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP	ELLIS, FRANK RT 1 BOX 2700		L_I Delete	NAME STREET ADDRESS				L	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	ELLIS, FRANK	aliad with this file-		NAME STREET ADDRESS CITY-ST-ZIP	1: 0 3				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:

OSSGUA PROETA ECTARENA PROCTO

2-8-03

850-973-2281