

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25581

1. Entity Name

BUCK BUSTERS HUNTING CLUB, INC.

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91202 037 ****70.00

Principal Place of Business

Mailing Address

P. O. BOX 141
HOLT FL 32564

P. O. BOX 141
HOLT FL 32564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2964011

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

ALLEN, JAMES R
5230 GRIFFITH MILL RD.
BAKER FL 32531

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 ☒ Delete
NAME JONES, NOEL K
STREET ADDRESS 6945 TIMBERCREST RD.
CITY-ST-ZIP MILTON FL 32583

TITLE PD ☒ Change ☐ Addition
NAME ALLEN, JAMES R.
STREET ADDRESS 5230 GRIFFITH MILL RD
CITY-ST-ZIP BAKER FL 32531

TITLE VD ☐ Delete
NAME ALLEN, JAMES R
STREET ADDRESS 5230 GRIFFITH MILL RD.
CITY-ST-ZIP BAKER FL 32531

TITLE VD ☐ Change ☒ Addition
NAME HUBERT R. BOATWRIGHT
STREET ADDRESS 8837 MANASSA RD
CITY-ST-ZIP MILTON, FL 32583

TITLE SD ☐ Delete
NAME JORDAN, RICKY L
STREET ADDRESS 4198 LOG LAKE RD.
CITY-ST-ZIP HOLT FL 32564

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

TITLE PD ☐ Delete
NAME MCMILLAN, BILL
STREET ADDRESS 115 GILLIS DR.
CITY-ST-ZIP CRESTVIEW FL 32536

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Billy A. Sirinukunwong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL '02 850-682-5035

Date

Daytime Phone #

CR2E037 (9/01)