

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90052 039 ****70.00

DOCUMENT # N26211

1. Entity Name

GATOR CREEK HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

REED, RONALD D
 3325 DUNNING DR
 PACE FL 32571
 US

REED, RONALD D
 3325 DUNNING DR
 PACE FL 32571
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

REED, RONALD D
 3325 DUNNING DR
 PACE FL 32571

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 *Ronald D Reed - Ronald D. Reed Sec/Treas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-02

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 **ST** ☐ Delete
 NAME **REED, RONALD D**
 STREET ADDRESS **3325 DUNNING DR**
 CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Change ☒ Addition
 NAME *Vice Pres*
 STREET ADDRESS *Danny Thompson*
 CITY-ST-ZIP *1608 Tidewater Lane*
Navarre, FL 32566

TITLE **D** ☒ Delete
 NAME **HOLLEY, DUKE**
 STREET ADDRESS **RT 2 BOX 155A**
 CITY-ST-ZIP **BAKER FL 32531**

TITLE ☐ Change ☐ Addition
 NAME **D.**
 STREET ADDRESS *Kent Williams*
 CITY-ST-ZIP *3005 Via Conquistadores*
Navarre, FL 32566

TITLE **D** ☒ Delete
 NAME **ASKEW, WILLIAM**
 STREET ADDRESS **5432 INWOOD DR**
 CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Change ☐ Addition
 NAME **D.**
 STREET ADDRESS *Dewey Hatcher*
 CITY-ST-ZIP *4368 Audiss Rd*
Bagdad, FL 32534

TITLE **D** ☐ Delete
 NAME **SAGONA, FRANK JR**
 STREET ADDRESS **5932 PAMELA DRIVE**
 CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **P** ☐ Delete
 NAME **MOON, WILLIAM B**
 STREET ADDRESS **4225 MONTEIGNE DR**
 CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **V** ☒ Delete
 NAME **HOLLEY, SHELVE**
 STREET ADDRESS **1451 PINEVIEW CHURCH RD**
 CITY-ST-ZIP **MILTON FL 32570**

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: *Ronald D Reed* **REED, RONALD D** **ST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-02 *850.474-0899*

CR2E037 (9/01)