2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2000 8:00 am Secretary of State **DOCUMENT # N28153** 1. Entity Name BASS BRANCH HUNTING CLUB, INC. 04-06-2000 90029 037 ****70.00 Principal Place of Business Mailing Address C/O KENNETH A. BORN. JR. C/O KENNETH A. BORN, JR. 6951 SPRINGHILL RD 6951 SPRINGHILL RD MILTON FL 32570-9633 MILTON FL 32570 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2951620 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BORN, KENNETH A. JR. 6951 SPRINGHILL RD MILTON FL 32570 Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD TITLE Change TITLE ☐ Delete BORN, KENNETH A. JR. NAME NAME STREET ADDRESS STREET ADDRESS RT. 6 BOX 270D CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Addition VD ☐ Delete TITI F Change TITLE NAME LOHR, DARWIN E. NAME STREET ADDRESS STREET ADDRESS RT. 6 BOX 270C CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Addition ☐ Change STD Delete TITLE TITLE BORN, PATRICIA L. NAME NAME STREET ADDRESS STREET ADDRESS RT. 6 BOX 270D CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL D ☐ Change ☐ Addition De ete TITLE TITLE LOHR, TOM NAME NAME STREET ADDRESS STREET ADDRESS 203 SHORELINE DRIVE CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Addition ☐ Change TITLE D ☐ De'ete TITLE BAILEY, TODD NAME NAME STREET ADDRESS STREET ADDRESS 7151 PINE BLOSSOM DR

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.

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME STREET ADDRESS

De'ete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

MILTON FL 32570

RICKMAN, JASON

PACE FL

3351 SILKWOOD LANE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #