FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 29, 2001 8:00 am Secretary of State **DOCUMENT # N29289** 05-29-2001 90006 019 ****70.00 BEAVER POND HUNTING CLUB, INC. Principal Place of Business Mailing Address C/O JOE D. BATSON C/O JOE D. BATSON 000032 9299 HUMMING BIRD LANE 390 HUMMING BIRD LANE PONCE DE LEON FL 32455 PONCE DE LEON FL 32453 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State NOT APPLICABLE Not Applicable Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BATSON, JOE D. L390 HUMMING BIRD LANE PONCE DE LEON FL 32455 Zip Code City 8. The above named entity subfinits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE (NOT) Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaigr Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change PD TITLE ☐ Delete TITLE BATSON, JOE D. NAME NAME STREET ADDRESS STREET ADDRESS 390 HUMMING BIRD LANE CITY-ST-ZIP CITY-ST-7IP PONCE DE LEON FL 32455 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME BATSON, ROBERT J. NAME STREET ADDRESS STREET ADDRESS 3119 LYNN DRIVE CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 Change ☐ Addition Delete TITLE TITLE NAME BATSON, RONDA G STREET ADDRESS STREET ADDRESS 390 HUMMING BIRD LANE CITY-ST-ZIP CITY-ST-ZIP PONCE DE LEON FL 32455 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify to 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 ray 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 ampowered

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

Delete

Change

☐ Addition