

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32320

1. Entity Name

TURKEY TOWN HUNTING CLUB, INC.

Principal Place of Business

3263 WEST STATE ROAD 200
CALLAHAN FL 32011
US

Mailing Address

11536 WINGATE ROAD NORTH
RT. 4 BOX 345-B
JACKSONVILLE FL 32218-2914
US

2. Principal Place of Business

3262 WEST STATE ROAD 200

3. Mailing Address

11536 WINGATE ROAD NORTH

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

CALLAHAN FL

City & State

JACKSONVILLE FL

Zip

32011

Country

US

Zip

32218

Country

US

6. Name and Address of Current Registered Agent

MITCHELL, CHARLES
301 1/2 CENTRE STREET
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

MITCHELL A. CHARLES JR

Street Address (P.O. Box Number is Not Acceptable)

3262 WEST STATE ROAD 200

City

CALLAHAN

FL

Zip Code

32011

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

TITLE ☐ Delete

PD
NAME MITCHELL, CHARLES A.
STREET ADDRESS 3262 WEST STATE RD 200
CITY-ST-ZIP CALLAHAN FL

TITLE ☐ Delete

T
NAME GEIGER, RUSSELL
STREET ADDRESS 11536 WINGATE RD. N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete

VP
NAME BOYNT, HARVEY
STREET ADDRESS ROUTE 1, BOX 2245
CITY-ST-ZIP HILLIARD FL

TITLE ☐ Delete

SD
NAME HILGENBERG, GERRY
STREET ADDRESS 6315 CLARET DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete

D
NAME DAVIS, ROBERT M. J
STREET ADDRESS ROUTE 3, BOX 478-A
CITY-ST-ZIP HILLIARD FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

PD
NAME MITCHELL CHARLES A. JR
STREET ADDRESS 3262 WEST STATE RD 200
CITY-ST-ZIP CALLAHAN FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

D
NAME DAVIS ROBERT M. JR
STREET ADDRESS ROUTE 5 BOX 9864
CITY-ST-ZIP HILLIARD FL

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: CHARLES A. MITCHELL JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90092 016 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)