

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34114

1. Entity Name

COBB BRANCH HUNTING CLUB, INC.

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90028 047 \*\*\*\*70.00

Principal Place of Business

% JOHN M. JONES  
5497 MOONLIGHT DR  
MILTON FL 32570  
US

Mailing Address

% JOHN M. JONES  
5497 MOONLIGHT DR  
MILTON FL 32570  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL.

Zip

Country

Zip

Country

32570-0006

USA

4. FEI Number

59-3025616

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, JOHN M  
5497 MOONLIGHT DR  
MILTON FL 32570

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

*John Jones*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-01

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  
NAME JONES, JOHN M  
STREET ADDRESS 5497 MOONLIGHT DR  
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

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

TITLE VD  
NAME CARSON, ED  
STREET ADDRESS 2616 NORTH 12TH AVE  
CITY-ST-ZIP PENSACOLA FL 32503 ☒ Delete

TITLE VD  
NAME Lynn Cobb  
STREET ADDRESS 6744 Ellis Rd.  
CITY-ST-ZIP Jay, FL. 32565 ☐ Change ☒ Addition

TITLE STD  
NAME LENN, DAVID S  
STREET ADDRESS 2831 PIERCE RD  
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*STD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 850.433-7396  
Date Daytime Phone #

CR2E037 (10/00)