

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35254

1. Entity Name

LITTLE SWEETWATER HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

% DAVID E. PITTS
323 CYPRESS ST.
BLOUNTSTOWN FL 32424

% DAVID E. PITTS
323 CYPRESS ST.
BLOUNTSTOWN FL 32424-1915

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

59-3011950

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

PITTS, DAVID E
323 CYPRESS ST.
BLOUNTSTOWN FL 32424

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HALL, HENRY
STREET ADDRESS RT 1 BOX 125
CITY-ST-ZIP BLOUNTSTOWN FL 32424

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

TITLE D ☐ Delete
NAME BUTCH THARPE
STREET ADDRESS RT 1 BOX 45-5B
CITY-ST-ZIP HOSFORD FL

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

TITLE D ☐ Delete
NAME PULLAM, RHODEN
STREET ADDRESS RT. 1 BOX 48
CITY-ST-ZIP HOSFORD FL

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

TITLE D ☐ Delete
NAME RODDENBERRY, STEVE
STREET ADDRESS RT 1 BOX 118-K
CITY-ST-ZIP BISTOL FL

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

TITLE P ☐ Delete
NAME PITTS, DAVID
STREET ADDRESS 323 CYPRESS ST.
CITY-ST-ZIP BLOUNTSTOWN FL 32424

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

TITLE D ☐ Delete
NAME GILFORD PULLAM
STREET ADDRESS RT 1 BOX 45-5A
CITY-ST-ZIP HOSFORD 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

850-674-8774

Daytime Phone #

CR2E037 (9/99)