

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90041 018 ****61.25

0016282

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

David E. Pitts

2. Principal Place of Business

3. Mailing Address

16629 SW Cypress St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Blountstown FL

4. FEI Number

59-3011950

Applied For

Not Applicable

Zip

Country

Zip

Country

32424

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 | <input type="checkbox"/> Delete |
| NAME | HALL, HENRY | |
| STREET ADDRESS | RT 1 BOX 125 | |
| CITY-ST-ZIP | BLOUNTSTOWN FL 32424 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUTCH THARPE | |
| STREET ADDRESS | RT 1 BOX 45-5B | |
| CITY-ST-ZIP | HOSFORD FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PULLAM, RHODEN | |
| STREET ADDRESS | RT. 1 BOX 48 | |
| CITY-ST-ZIP | HOSFORD FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RODDENBERRY, STEVE | |
| STREET ADDRESS | RT 1 BOX 118-K | |
| CITY-ST-ZIP | BISTOL FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PITTS, DAVID | |
| STREET ADDRESS | 323 CYPRESS ST. | |
| CITY-ST-ZIP | BLOUNTSTOWN FL 32424 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GILFORD PULLAM | |
| STREET ADDRESS | RT 1 BOX 45-5A | |
| CITY-ST-ZIP | HOSFORD FL | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *David E. Pitts* **DAVID E. PITTS**

4-1-01

850-674-8774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)