

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90008 036 \*\*\*\*61.25

**DOCUMENT # N35254**

1. Entity Name

**LITTLE SWEETWATER HUNTING CLUB, INC.**

Principal Place of Business

% DAVID E. PITTS  
323 CYPRESS ST.  
BLOUNTSTOWN FL 32424  
**16629 SW**

Mailing Address

% DAVID E. PITTS  
16629 SW CYPRESS ST  
BLOUNTSTOWN FL 32424

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3011950**

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

PITTS, DAVID E  
323 CYPRESS ST.  
BLOUNTSTOWN FL 32424  
**16629 SW**

7. Name and Address of New Registered Agent

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

*David E. Pitts*

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

*David E. Pitts*

(NOTE: Registered Agent signature required when reinstating)

**4-2-02**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HALL, HENRY** ☐ Delete  
**RT 1 BOX 125**  
**BLOUNTSTOWN FL 32424**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BUTCH THARPE** ☐ Delete  
**RT 1 BOX 45-5B**  
**HOSFORD FL**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PULLAM, RHODEN** ☐ Delete  
**RT. 1 BOX 48**  
**HOSFORD FL**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**RODDENBERRY, STEVE** ☐ Delete  
**RT 1 BOX 118-K**  
**BISTOL FL**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**PITTS, DAVID** ☐ Delete  
**323 CYPRESS ST.**  
**BLOUNTSTOWN FL 32424**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GILFORD PULLAM** ☐ Delete  
**RT 1 BOX 45-5A**  
**HOSFORD FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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:

*David E. Pitts* **DAVID E. PITTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-02**

Date

**850-674-8774**

Daytime Phone #

CR2E037 (9/01)