

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90008 022 ****61.25

DOCUMENT # N36248
1. Entity Name The Other Hunting Club, Inc.
 Shane Mitchem

Principal Place of Business 508 Pond Rd. DFS, FL.
 32433

2. Principal Place of Business **3. Mailing Address**
 508 Pond Rd. DFS, FL. 32433

Suite, Apt. #, etc.

City & State DeFuniak Springs

Zip 32433 **Country** Walton

4. FEI Number **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
 Shane Mitchem
 508 Pond Rd.
 DFS, FL. 32433

7. Name and Address of New Registered Agent
 Name Shane Mitchem
 Street Address (P.O. Box Number is Not Acceptable)
 508 Pond Rd.
 City DeFuniak Springs FL Zip Code 32433

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 Shane Mitchem **DATE** 4/30/00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | Pres. | <input type="checkbox"/> Delete |
| NAME | Shane Mitchem | |
| STREET ADDRESS | 508 Pond Rd. | |
| CITY-ST-ZIP | DFS, FL. 32433 | |
| TITLE | V-Pres. | <input type="checkbox"/> Delete |
| NAME | Don Turner | |
| STREET ADDRESS | Juniper Lake Rd. | |
| CITY-ST-ZIP | DFS, FL. 32433 | |
| TITLE | Sec. | <input type="checkbox"/> Delete |
| NAME | Bruce Infinger | |
| STREET ADDRESS | 17376 Hwy. 83 N | |
| CITY-ST-ZIP | DFS, FL. 32433 | |
| TITLE | Treas. | <input type="checkbox"/> Delete |
| NAME | Lester Johnson | |
| STREET ADDRESS | 142 Lottin St. | |
| CITY-ST-ZIP | DFS, FL. 32433 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: Shane Mitchem **DATE** 4/30/00 **DAYTIME PHONE #** 850-834-4673
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)