

6/20/01

FILED

Jul 02, 2001 8:00 am  
Secretary of State

06-20-2001 90007 041 \*\*\*\*70.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36248

1. Entity Name

THE OTHER HUNTING CLUB, INC.

DEPARTMENT OF STATE

Principal Place of Business

Mailing Address

SHANE MITCHEM  
508 POND RD  
DEFUNIAK SPRINGS FL 32433  
USSHANE MITCHEM  
508 POND RD  
DEFUNIAK SPRINGS FL 32433  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2960247

☒ 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

MITCHEM, SHANE  
508 POND RD.  
DEFUNIAK SPRINGS FL 32433

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

Kenneth J. Mitchem

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

(NOTE: Registered Agent signature required when reinstating)

5/1/01

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, KENNETH	
STREET ADDRESS	RT. 2 BOX 900	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETTY, BRIAN	
STREET ADDRESS	7691 CO HIGHWAY 1087	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	5669 REINKE DR	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUNT, JOSEPH	
STREET ADDRESS	RT. 5 BOX 315	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAJORS, BILL	
STREET ADDRESS	RURAL ROUTE BOX 318	
CITY-ST-ZIP	PONCE DE LEON FL 32455	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JUNT, JOEL E.	
STREET ADDRESS	RT. 5, BOX 315	
CITY-ST-ZIP	DEFUNIAK SPGS FL	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shane Mitchem	
STREET ADDRESS	508 Pond Rd.	
CITY-ST-ZIP	DFS, FL 32433	
TITLE	V-Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Turner	
STREET ADDRESS	Juniper Lake Rd.	
CITY-ST-ZIP	DFS, FL 32433	
TITLE	"D" Bruce Infinger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	17376 Hwy. 90 N	
STREET ADDRESS	DFS, FL 32433	
TITLE	"D" Jack Henry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Red Hill Bridge Rd.	
STREET ADDRESS	DFS, FL 32433	
TITLE	"D" Bill Infinger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3328 Punch Bowl Rd.	
STREET ADDRESS	DFS, FL 32433	
TITLE	"D" Wade Walker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6223 Hwy. 90	
STREET ADDRESS	Milton, FL 32570	

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:

Kenneth J. Mitchem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

850-834-4873

Daytime Phone #

CR2E037 (10/00)