

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37559

1. Entity Name

THE CANOE CREEK HUNTING CLUB, INC.

Principal Place of Business

% H. H. VAUGHN
5840 VAUGHN RD
CENTURY, FL 32535 32535

Mailing Address

% H. H. VAUGHN
5840 VAUGHN RD
CENTURY, FL 32535 32535-2618

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

59-3007821

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

VAUGHN, H. H.
5840 VAUGHN RD
CENTURY FL 32535

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 COMALANDER, JAMES
STREET ADDRESS 1310 COMALANDER RD
CITY-ST-ZIP CENTURY FL

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

TITLE D ☐ Delete
NAME VICTOR, PHILLIP
STREET ADDRESS 70 S. CYPRESS ST.
CITY-ST-ZIP WALNUT HILL FL 32568

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

TITLE D ☐ Delete
NAME KENT, DANNY
STREET ADDRESS 468 HOPE GRANT RD
CITY-ST-ZIP ATMORE AL

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

TITLE D ☐ Delete
NAME MACKS, DONNIE
STREET ADDRESS 501 TEDDER DR.
CITY-ST-ZIP CENTURY FL 32535

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

TITLE D ☐ Delete
NAME WIGGINS, JERRY
STREET ADDRESS 1561 COX RD.
CITY-ST-ZIP MCDAVID FL 32568

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

TITLE D ☐ Delete
NAME FOSTER, DAVID
STREET ADDRESS P O BOX 444
CITY-ST-ZIP CANTONMENT 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:

James Comalander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 850-56-5182
Date Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90237 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)