

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37559

1. Entity Name

THE CANOE CREEK HUNTING CLUB, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90007 042 ****61.25

Principal Place of Business

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

Mailing Address

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

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 ☐ Delete
NAME D
STREET ADDRESS COMALANDER, JAMES
CITY-ST-ZIP 1310 COMALANDER RD
CENTURY FL

TITLE ☐ Change ☒ Addition
NAME James Canley
STREET ADDRESS Crowndale Rd.
CITY-ST-ZIP Cantonment, FL 32533

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS George Crook
CITY-ST-ZIP Hwy 29
Century, FL 32535

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (10/00)