2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am Secretary of State **DOCUMENT # N37559** 1. Entity Name THE CANOE CREEK HUNTING CLUB. INC. 03-22-2002 90042 046 ****61.25 Principal Place of Business Mailing Address % H. H. VAUGHN % H. H. VAUGHN 5840 VAUGHN RD 5840 VAUGHN RD CENTURY FL 32535 CENTURY FL 32535 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Nümber Applied For 59-3007821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAUGHN, H. H. Street Address (P.O. Box Number is Not Acceptable) 5840 VAUGHN RD CENTURY FL 32535 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE (9/01)☐ Change ☐ Addition COMALANDER, JAMES NAME NAME 1310 COMALANDER RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CENTURY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition VICTOR, PHILLIP NAME NAME 70 S. CYPRESS ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP Walnut Hill FL 32568 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KENT, DANNY NAME NAME **468 HOPE GRANT RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATMORE AL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CARNLEY, JAMES NAME NAME CROWNDALE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CANTONMENT FL 32533** CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition CROOK, GEORGE NAME NAME STREET ADDRESS HWY 29 16 STREET ADDRESS CITY-ST-ZIP CENTURY FL 32535 CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition FOSTER, DAVID NAME NAME STREET ADDRESS P O BOX 444 STREET ADDRESS CITY-ST-ZIP CANTONMENT FL CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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:

FILED