2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State **DOCUMENT # N39690** 1. Entity Name JACK'S BRANCH HUNT CLUB, INC. 03-25-2002 90150 013 ***150.00 Principal Place of Business Mailing Address C/O 115 WEST OLYMPIA AVENUE C/O 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 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 Number Applied For 65-0339868 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) FARR, EARL DRAYTON JR. 115 WEST OLYMPIA AVENUE **PUNTA GORDA FL 33950** 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 Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/04) TITLE ☐ Delete TITI F ☐ Addition Farr: Earl D Jr. NAME 2130 Aqua Court Punta Gordo F STREET ADDRESS 4511 SHORE LANE STREET ADDRESS CITY-ST-ZIP **BOCA GRANDE FL** CITY-ST-ZIP TITLE PD □ Delete TITLE Change Addition NAME MOBLEY, JAMES H NAME STREET ADDRESS 122 DAMFICARE ST. STREET ADDRESS CITY-ST-ZIP **BOCA GRANDE FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NABERS, CLYDE -NAME STREET ADDRESS 411 PARK AVENUE STREET ADDRESS CITY-ST-ZIP **BOCA GRANDE FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP T. 62 .7: CITY-ST-ZIP 经过效的过去式 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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