

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90290 010 \*\*\*61.25

DOCUMENT # N39690

1. Entity Name

JACK'S BRANCH HUNT CLUB, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
c/o 99 Nesbit Street

Suite, Apt. #, etc.

3. Mailing Address  
c/o 99 Nesbit Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Punta Gorda, FL

City & State  
Punta Gorda, FL

4. FEI Number  
65-0339868

Applied For

Not Applicable

Zip  
33950

Country

Zip  
33950

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **EARL DRAYTON FARR, JR.**

Street Address (P.O. Box Number is Not Acceptable)

99 Nesbit Street

City **Punta Gorda**

**FL**

Zip Code  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **SP FARR, EARL D. JR.**  
STREET ADDRESS  
CITY- ST- ZIP **5512 SEA EDGE DRIVE  
PUNTA GORDA, FL 33950**

TITLE  
NAME **PD Mobley, James, H.**  
STREET ADDRESS  
CITY- ST- ZIP **122 Damficare St.  
Boca Grande, FL 33921**

TITLE  
NAME **D Nabers, Clyde**  
STREET ADDRESS  
CITY- ST- ZIP **411 Park Avenue  
Boca Grande, FL 33921**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-03 941/639-1158

Date

Daytime Phone #

CR2E037B (12/02)