

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90076 030 \*\*\*\*61.25

**DOCUMENT # N43438**

1. Entity Name

**NORTH CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, I NC.**

Principal Place of Business

950 NW 160TH STREET  
TRENTON FL 32693  
US

Mailing Address

P.O. BOX 1743  
CHIEFLAND FL 32644-1743  
US

2. Principal Place of Business

**775 S.W. Jim Ward St.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort White, FL**

City & State

Zip

**32038**

Country

**U.S.**

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, WENDELL**

**950 NW-160TH STREET  
TRANTON FL 32693**

7. Name and Address of New Registered Agent

Name

**Carter, Ed**

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

**775 S.W. Jim Ward St.**

City

**Fort White,**

**FL**

Zip Code  
**32038**

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: **Ed Carter, President**

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

(NOTE: Registered Agent signature required when reinstating)

**4/18/02**

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

TITLE **P** ☐ Delete  
NAME **CARTER, ED**  
STREET ADDRESS **RT 3 BOX 4230**  
CITY-ST-ZIP **FT WHITE FL 32038**

TITLE **VP** ☒ Delete  
NAME **JENKINS, WENDELL**  
STREET ADDRESS **950 NW 160TH ST**  
CITY-ST-ZIP **TRENTON FL 32693**

TITLE **T** ☐ Delete  
NAME **STUDSTILL, BRUCE**  
STREET ADDRESS **10800 SE 72ND CT**  
CITY-ST-ZIP **TRENTON FL 32693**

TITLE **S** ☐ Delete  
NAME **STEPHENSON, JOHN W SR**  
STREET ADDRESS **7470 NW 95TH STREET**  
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **D** ☐ Delete  
NAME **CARTER, WESLEY**  
STREET ADDRESS **15830 NE 10TH STREET**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Delete  
NAME **STEPHENSON, JOHN W JR**  
STREET ADDRESS **7470 NW 95TH ST**  
CITY-ST-ZIP **CHIEFLAND FL 32626**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Ed Carter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02**

Date

**(376) 755-9406**

Daytime Phone #

CR2E037 (9/01)