

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44118

1. Entity Name

LAKEWOOD HUNTING CLUB, INCORPORATED

Principal Place of Business

875 WILKERSON RD
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

875 WILKERSON RD
DEFUNIAK SPRINGS FL 32433-0154
US

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

59-3074114

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

WILKERSON, TRAVIS
815 WILKERSON RD
DEFUNIAK SPRINGS FL 32433

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 P ☐ Delete
NAME WILKERSON, TRAVIS
STREET ADDRESS 875 WILKERSON RD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

TITLE V ☒ Delete
NAME COFFIELD, LEWIS
STREET ADDRESS 49 BRITTANY CT
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☒ Change ☐ Addition
NAME Don Wilkerson
STREET ADDRESS 174 Bonnie Drive
CITY-ST-ZIP Defuniak Spgs, FLA. 32433

TITLE ST ☐ Delete
NAME DAUGHERTY, ROGER
STREET ADDRESS 1371 CO RD 0605
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

TITLE D ☒ Delete
NAME APLIN, THOMAS E
STREET ADDRESS 32 BEN ASHLEY RD.
CITY-ST-ZIP LAUREL HILL FL

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

TITLE DP ☒ Delete
NAME WILKERSON, TRAVIS
STREET ADDRESS 815 WILKERSON ROAD
CITY-ST-ZIP DEEDNIAK SPRINGS FL 32433

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

TITLE ☐ Delete
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:

Travis Wilkerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22 2000

Date

Daytime Phone #

CR2E037 (9/99)