

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49504

1. Entity Name

PACETTI'S HUNTING CLUB, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90180 029 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 3791
ST. AUGUSTINE FL 32085

P.O. BOX 3791
ST. AUGUSTINE FL 32085-3791

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3118832

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIRAGUSA, MICHAEL A.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085-3007

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 PD
NAME RAULERSON, CARL
STREET ADDRESS 3354 RAULERSON RD
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

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

TITLE VD
NAME MASTERS, CHRIS
STREET ADDRESS 5930 ARMSTRONG RD, LOT B
CITY-ST-ZIP ELKTON FL ☐ Delete

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

TITLE SD
NAME BURCHFIELD, BRIAN
STREET ADDRESS 2900 PLEASURE LANE
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

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

TITLE TD
NAME KENNEDY, JAY
STREET ADDRESS 3375 RAULERSON RD
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete

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

TITLE D
NAME BURCHFIELD, MICHAEL
STREET ADDRESS 1480 ST MARKS POND BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

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

TITLE D
NAME MILLS, JERRY
STREET ADDRESS P.O. BOX 3767 3545 LEWISPEEDWAY
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Burchfield 4-24-00 829-5735

Date

Daytime Phone #

CR2E037 (9/99)