

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49504

Entity Name

PACETTI'S HUNTING CLUB, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90043 049 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 3791
ST. AUGUSTINE FL 32085

Mailing Address

P.O. BOX 3791
ST. AUGUSTINE FL 32085

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

59-3118832

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

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 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

904-829-5135

Daytime Phone #

CR2E037 (10/00)