

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N49504

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: PACETTI'S HUNTING CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3118832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRAGUSA, MICHAEL A.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320853007

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAULERSON, CARL
Address: 3354 RAULERSON RD
City-St-Zip: ST AUGUSTINE, FL

Title: VD () Delete
Name: MASTERS, CHRIS
Address: 5930 ARMSTRONG RD, LOT B
City-St-Zip: ELKTON, FL

Title: SD () Delete
Name: BURCHFIELD, BRIAN
Address: 2900 PLEASURE LANE
City-St-Zip: ST. AUGUSTINE, FL

Title: TD () Delete
Name: KENNEDY, JAY
Address: 3375 RAULERSON RD
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: BURCHFIELD, MICHAEL
Address: 1480 ST MARKS POND BLVD.
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: MILLS, JERRY
Address: P.O. BOX 3767 3545 LEWISPEEDWAY
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN BURCHFIELD

SD

05/01/2002

Electronic Signature of Signing Officer or Director

Date