

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90108 023 ****61.25

DOCUMENT # N50425

1. Entity Name

FLORIDA HOUND HUNTERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 638
 ALTOONA FL 32702

P.O. BOX 638
 ALTOONA FL 32702

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

59-3135704

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

JONES, GAYLE
42200 HAWKINS RD.
ALTOONA FL 32702

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 ☐ Delete
 NAME **DP LORTON, JOHN**
 STREET ADDRESS **312 PRUETT RD**
 CITY-ST-ZIP **SEFFNER FL 33584**

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

TITLE ☐ Delete
 NAME **D EDENFELD, TERRY**
 STREET ADDRESS **10192 CR 314**
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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

TITLE ☒ Delete
 NAME **VD HICKEY, GERALD**
 STREET ADDRESS **16931 SE 115TH AVE**
 CITY-ST-ZIP **WEIRSDALE FL 32195**

TITLE ☒ Change ☐ Addition
 NAME **VD BOBBY TUCKER**
 STREET ADDRESS **4425 S.E. 59 ST**
 CITY-ST-ZIP **OCALA, FL 34480**

TITLE ☐ Delete
 NAME **D TUCKER, TONY**
 STREET ADDRESS **1406 W HIAWATHA ST**
 CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ Delete
 NAME **TD MOORE, DAN**
 STREET ADDRESS **6202 RANIER DR**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete
 NAME **SD JONES, GAYLE**
 STREET ADDRESS **42200 HAWKINS RD.**
 CITY-ST-ZIP **ALTOONA FL 32702**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02 **1-352-669-5972**
 Date Daytime Phone #

CR2E037 (9/01)