

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90202 038 *****61.25

00/1201

DOCUMENT # N50425

1. Entity Name

FLORIDA HOUND HUNTERS ASSOCIATION, INCORPORATED



Principal Place of Business

P.O. BOX 638
ALTOONA FL 32702

Mailing Address

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

JONES, GAYLE
42200 HAWKINS RD.
ALTOONA FL 32702

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LORTON, JOHN	
STREET ADDRESS	312 PRUETT RD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDENFELD, TERRY	
STREET ADDRESS	10192 CR 314	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TUCKES, BOBBY	
STREET ADDRESS	4425 SE 59ST	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, TONY	
STREET ADDRESS	1406 W HIAWATHA ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DAN	
STREET ADDRESS	6202 RANIER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, GAYLE	
STREET ADDRESS	42200 HAWKINS RD.	
CITY-ST-ZIP	ALTOONA FL 32702	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GAYLE	
STREET ADDRESS	42200 HAWKINS RD	
CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* REQUIRED

CR2E037 (10/02)