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

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90736 027 ****61.25

DOCUMENT # N50853

1. Entity Name
APALACHEE COURSING CLUB, INC.

FOUR WIT

Principal Place of Business	Mailing Address
9301 ROSE RD TALLAHASSEE FL 32311 US	9301 ROSE RD TALLAHASSEE FL 32311 US

☐ CHECK HERE IF MAKING CHANGES

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 59-3237628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARRAR, ELISE M — NAME CHANGE BY MARRIAGE TO HITT, ELISE M
9301 ROSE ROAD
TALLAHASSEE FL 32311

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 Elise M Hitt 3-6-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FARRAR, ELISE M 9301 ROSE ROAD TALLAHASSEE FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~ELISE M. HITT~~ HITT, ELISE M 9301 ROSE ROAD TALLAHASSEE FL 32311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHRISTIE, SUE 8 ROCKY BLUFF TRAIL CRAWFORDVILLE FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHRISTIE, SUE 8 ROCKY BLUFF TRAIL CRAWFORDVILLE FL 32327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAVIS, PAM 1578 GAINEY RD CAIRO GA 31728	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, PAM 1578 GAINEY RD CAIRO GA 31728	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, GLEN 1578 GAINEY RD CAIRO GA 31728	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HITT, K.W 9301 ROSE ROAD TALLAHASSEE FL 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, DALE 6416 DANCER'S IMAGE TRAIL TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRANTLEY, JOHN 5421 W W KELLY RD TALLAHASSEE FL 32311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FARRAR, B ELISE 5420 WW KELLY RD TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORBES, TONY 4868 N.E. 90TH PLAZA WILDWOOD FL 34785	☒ Change ☐ Addition

CR2E037 (10/02)

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: ELISE FARRAR 3-6-03 850-878-9581
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE