

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50965

1. Entity Name

PRINGLE SWAMP HUNTING CLUB, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90065 026 ****61.25

Principal Place of Business	Mailing Address
2270 DEERWOOD ACRES DR ST AUGUSTINE FL 32086 US	2270 DEERWOOD ACRES DR ST AUGUSTINE FL 32086-9310 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	56-3169089	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR.
185 CYPRESS POINT PKWY
STE 6
PALM COAST FL 32164

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.

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWELL, GARY	
STREET ADDRESS	2201 STATE RD 16, LOT 3	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEAY, MATT	
STREET ADDRESS	706 N BACKER	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HACKETT, CHARLES	
STREET ADDRESS	2270 DEERWOOD ACRES DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENDREN, ROBERT	
STREET ADDRESS	19 COQUINA AVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: Charles I. Hackett 4/24/00 (904) 824-5265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)