

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50965

1. Entity Name

PRINGLE SWAMP HUNTING CLUB, INC.

Principal Place of Business

2270 DEERWOOD ACRES DR
ST AUGUSTINE FL 32086
US

Mailing Address

2270 DEERWOOD ACRES DR
ST AUGUSTINE FL 32086
US

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

56-3169089

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

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

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 PD
NAME HOWELL, GARY
STREET ADDRESS 2201 STATE RD 16, LOT 3
CITY-ST-ZIP ST AUGUSTINE FL 32095 ☐ Delete

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

TITLE VD
NAME SEAY, MATT
STREET ADDRESS 706 N BACKER
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

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

TITLE TD
NAME HACKETT, CHARLES
STREET ADDRESS 2270 DEERWOOD ACRES DR
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Delete

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

TITLE SD
NAME HENDREN, ROBERT
STREET ADDRESS 19 COQUINA AVE
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 A. Hackett
4-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90005 047 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)