

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90218 003 ****70.00

DOCUMENT # N50965

1. Entity Name

PRINGLE SWAMP HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

**2270 DEERWOOD ACRES DR
 ST AUGUSTINE FL 32086
 US**

**2270 DEERWOOD ACRES DR
 ST AUGUSTINE FL 32086
 US**

2. Principal Place of Business

3. Mailing Address

19 COQUINA AVENUE

19 COQUINA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32080

Country

USA

Zip

32080

Country

USA

4. FEI Number

56-3169089

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **STD HENDREN, ROBERT**
 STREET ADDRESS **19 COQUINA AVE.**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D ROBERT HOWELL**
 STREET ADDRESS **5840 S.R. 207 (FAIRGROUNDS)**
 CITY-ST-ZIP **ELKTON, FL 32033**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D TIM FORTNER**
 STREET ADDRESS **P.O. Box 141**
 CITY-ST-ZIP **HASTINGS, FL 32145**

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:

ROBERT E. HENDREN / ROBERTE, HENDREN 4/17/02 Cell Phone 669-1746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

ADDITIONS

D PAUL DAUGHERTY
212 JACKSON BLVD.
ST. AUGUSTINE, FL 32095

D TONY REVELS
8900 Cowpen Branch Road
HASTINGS, FL 32145

Attachment
Document #
N50965
357498