2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51145 1. Entity Name						Secretary of State 04-12-2001 90167 028 ****61.25					
WOLF	CREEK HUNTING CLUB, INC.					04	-12-2001	90167 ()28 ***	*61.25	
Principal Place of Business Mailing Address											
3120 JESS W MILTON FL 3	/Hitfield rd. 2570	3120 JESS WHITFIELD RD. MILTON FL 32570									
1						H er ande de e n en e			1010 ene e	I BAR BABAN ABAS	
2. Principal i 3163 Suite, Apt	Place of Business Road Lewis Road	3. Mailing Address 3163 few's Road Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE					
milt	ron, FL	Milton, FL									_
City & Sta	te /	City & State			4. FEI N	4. FEI Number 59-3147727 Applied For Not Applied by					} .
Zip Country USA		32570	Cour	ntry A		Certificate of Status Desired Name and Address of New Registered			\$8.75 Additional Fee Required		
<u> </u>	6. Name and Address of Current R	Name 🔾				istered Ag	ent	,			
IT BIOCODD HAVEO					Name Randall - Ashworth Street Address (P.O. Box Number is Not Acceptable)						
LUNSFORD, JAMES 3120 JESS WHITFIELD RD.											}
MILTON FL 32570			-	37		wis k	Road	F-1	Zip Code	9	ł
				City M		•		FL	325	570	}
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered	t office or re	egistered agent, o	x both, in the s	tate of Florida	a.			
CICNATURE			4	19/0	ļ						
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered /	Agent signature	required when reinstation	(0)		DATE			
FILE NOW: 9. Election Campaign FEE IS \$61.25 Trust Fund Contrib				· -	\$5.00 May Be Added to Fees	O May Be Make Check Payable to Department of State					
10.	OFFICERS AND DIRE		11.			/CHANGES TO	OFFICERS				5
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD LUNSFORD, JAMES 3120 JESS WHITFIELD RD. MILTON FL			ADDRESS ((=540 : 1600=61					Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROWELL, ROGER 3163 LEWIS RD MILTON FL	□ Delete		ADORESS T-ZIP~	· · · · · · · · · · · · · · · · · · ·] Change	☐ Addision	CR2
TITLENAME STREET ADDRESS CITY-ST-ZIP	D ELUS: GENE- RT 1 BOX 483 JAY FL	Ø pelete	ITLE -NAME STREET CITY-S	ADORESS 3	Rresident- Randall-A 8700 Lewi Milton, F	Chinocin	70		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				``.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I- ZIP			,	C	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADORESS 1- ZIP	-] Change	Addition	
12. I hereby certify that the information supplied with this filling 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.											
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DATE OF										