

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 038 ****61.25

DOCUMENT # N93000001291

1. Entity Name

DOUBLE "A" HUNTING CLUB, INC.

Principal Place of Business

MALCOLM BRACEWELL
5856 HOUSTON LN
CRESTVIEW FL 32539
US

Mailing Address

5856 HOUSTON LN
CRESTVIEW FL 32539
US

661161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TIM A. ZICK
 Suite, Apt. #, etc.
229 LUSTAN DR.

3. Mailing Address

229 LUSTAN DR.
 Suite, Apt. #, etc.

City & State
CRESTVIEW, FL.

City & State
CRESTVIEW FL.

4. FEI Number **59-3177071**

Applied For
☒ Not Applicable

Zip Country
32536 OKALOOSA

Zip Country
32536 OKALOOSA

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

6. Name and Address of Current Registered Agent

BRACEWELL, MALCOLM L
5856 HOUSTON LN
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name **TIM A. ZICK**
 Street Address (P.O. Box Number is Not Acceptable)
229 LUSTAN DR.
 City **CRESTVIEW FL** Zip Code **32536**

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 **TIM A. ZICK**

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

5-30-2001

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FLOYD, EDWARD 4877 CARL BOOKER RD MILTON FL 32583 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PFEIFFER, JEFF 7013 ELLA ST BAGDAD FL 32530 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BRACEWELL, MALCOLM 5856 HOUSTON LN CRESTVIEW FL 32539 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NELSON, JEFF 8580 WELCOME CHURCH RD MILTON FL 32583 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JEFF NELSON 8580 WELCOME CHURCH RD. MILTON-FL 32583 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD TIM A. ZICK 229 LUSTAN DR. CRESTVIEW, FL. 32536 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D William Sutton 8290 BEAVER CREEK Rd. BAKER, FL. 32531 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 is 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: **TIM A. ZICK**

5-30-01 (850) 682-0931

CR2E037 (10/00)