

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90297 039 ****61.25

DOCUMENT # N93000001291

1. Entity Name

DOUBLE "A" HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

TIM A ZICK
229 LUSTAN DRIVE
CRESTVIEW FL 32536
US**229 LUSTAN DRIVE**
CRESTVIEW FL 32536
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZICK, TIM A
229 LUSTAN DRIVE
CRESTVIEW FL 32536

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 \$61.259. 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**
STREET ADDRESS **FLOYD, EDWARD**
CITY-ST-ZIP **4877 CARL BOOKER RD**
MILTON FL 32583TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **FLOYD, EDWARD**
CITY-ST-ZIP **8563 HONEY BEE LANE**
MILTON, FL 32583TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **NELSON, JEFF**
CITY-ST-ZIP **8580 WELCOME CHURCH RD**
MILTON FL 32583TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **STD**
STREET ADDRESS **ZICK, TIM A**
CITY-ST-ZIP **229 LUSTAN DRIVE**
CRESTVIEW FL 32536TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D**
STREET ADDRESS **SUTTON, WILLIAM**
CITY-ST-ZIP **8580 WELCOME CHURCH RD**
MILTON FL 32583TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Sutton, William**
CITY-ST-ZIP **8290 BEAVER CREEK Rd.**
BAKER, FL 32531TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR08/April 2002 (850) 682-0431
Date Daytime Phone #

CR2E037 (9/01)