2001 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 21, 2001 8:00 am Secretary of State DOCUMENT # N93000005568 1. Entity Name WILLIAMS DITCH HUNTING CLUB, INC. 09-21-2001 90005 038 ****61.25 Principal Place of Business Mailing Address 2700 PARKER RD 2700 PARKER RD CANTONMENT FL 32533 CANTONMENT FL 32533 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable 5. Certificate of Status Desired. \$8.75 Additional Country Żip Zip Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARKER, TED W 2700 PARKER ROAD **CANTONMENT FL 32533** Zip Code 38. 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 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (5/01) ☐ Addition TITLE ☐ Delete TITLE TED W. PARKER. NAME NAME CR2E037 STREET ADDRESS 2700 PARKER RD STREET ADDRESS CITY-ST-ZIP **CANTONMENT FL 32533** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE LOUISE PARKER, NAME NAME 2700 PARKER RD STREET ADDRESS STREET ADDRESS **CANTONMENT FL 32533** CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE WILLIE PARKER. NAME NAME 1910 WILLIAMS DITCH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CANTONMENT FL 32533** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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☐ Delete

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STREET ADDRESS

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TITLE

NAME

☐ Change

Addition