

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90055 004 ****61.25

DOCUMENT # N94000001776

1. Entity Name

ALAUQUA WILDLIFE MANAGEMENT, INC.

Principal Place of Business

**1385 HAROLD AVE
PENSACOLA FL 32514**

Mailing Address

**1385 HAROLD AVE
PENSACOLA FL 32514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3232639

Applied For

Not Applicable

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

**WHITTINGTON, ROLAND
1385 HAROLD AVE
PENSACOLA FL 32514**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	WHITTINGTON, ROLAND	1385 HAROLD AVE	PENSACOLA FL 32514	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	TURNER, PAT	6205 DALISA RD	MILTON FL 32583	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	SNYDER, JOHN	7872 OLD HICKORY HAMMOCK	MILTON FL 32583	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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 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: *Roland Whittington***ROLAND WHITTINGTON****2-22-01****850623 4386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)