## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2001 8:00 am Secretary of State DOCUMENT # N9400003519 1. Entity Name -28-2001 90081 014 \*\*\*\*61.25 BIG CREEK HUNTING CLUB, INC. Principal Place of Business Mailing Address 6949 MOBILE HIGHWAY P O BOX 37159 PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3277482 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHITE, JAMES H SR 6949 MOBILE HIGHWAY PENSACOLA FL 32526 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/00) Delete TITLE XX Change ☐ Addition TITLE WHITE, JAMES H SR NAME NAME 590 LANDERS STREET STREET ADDRESS 1988 STALLION ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CANTONMENT FL 32533** ☐ Detete Change ☐ Addition TITLE TITLE WALLACE, ROGER NAME NAME STREET ADDRESS 910 E CERVANTES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete TITLE XX Change ☐ Addition TITLE WHITE, JAMES H JR NAME NAME STREET ADDRESS 2320 MAJESTIC OAKS DR STREET ADDRESS 2070 DOVEFIELD DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32534 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

of the corporation or the receive

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED