## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # **N94000004829** 1. Entity Name SANDHILL HUNT CLUB, INC. 05-18-2000 90333 028 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O BOX 1405 1680 FOXHUNTER GRADE PERRY FL 32348-7405 PERRY FL 32347 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3271052 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) JEFF, ASHER **1680 FOXHUNTER GRADE PERRY FL 32347** 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 nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition X Delete TITLE TITLE NAME NAME FLORES, CHUCK Rt. 1 730x 3980 N/A STREET ADDRESS STREET ADDRESS P.O. BOX 560 CITY-ST-ZIP CITY-ST-ZIP PERRY FL 32348 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME DIXON, JOHN L STREET ADDRESS STREET ADDRESS 2920 JODY MORGAN ROAD CITY-ST-ZIP CITY-ST-ZIP PERRY FL 32347 ☐ Delete ☐ Change Addition TITLE ASHER, JEFF NAME NAME STREET ADDRESS STREET ADDRESS 1680 FOXHUNTER GR CITY-ST-ZIP CITY-ST-ZIP Perry Fl 32348 Change Addition TITLE NVP ☐ Delete TITLÉ MOCK, ASHLEY NAME STREET ADDRESS STREET ADDRESS PO BOX 7540 N/A CITY-ST-ZIP CITY-ST-ZIP PERRY FL 32348 Addition Delete TITLE Banny Anderson 321 Oak Lane KENNEDY, KEN NAME NAME

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 pither, like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

PO BOX 463 N/A

DRAWDY, BEN SR

P.O BOX 44 N/A

PERRY FL

STEINHATCHEE FL 32359

☐ Delete

☐ Change

☐ Addition