2002 UNIFORM BUSINESS REPORT (UBR) FILED May 20, 2002 8:00 am Secretary of State DOCUMENT # N94000004829 1. Entity Name SANDHILL HUNT CLUB, INC. 05-20-2002 90096 023 ****61.25 Principal Place of Business Mailing Address 1680 FOXHUNTER GRADE P.O BOX 1405 PERRY FL 32347 PERRY FL 32348 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3271052 Not Applicable Zip Country Zip 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) JEFF, ASHER 1680 FOXHUNTER GRADE **PERRY FL 32347** City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ِیِّرِ Change Delete Addition (9/01)TITLE Swain, Robert WETHERINGTON, HOLLIS NAME 4051 US 19 South NAME RT 1 BOX 398 N/A STREET ADDRESS STREET ADDRESS **CR2E037** PERRY FL 32347 Perry Fl. 32348 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Dixon, John L DIXON, JOHN L NAME NAME 2920 JODY MORGAN ROAD STREET ADDRESS STREET ADDRESS PERRY FL 32347 CITY-ST-ZIP 32348 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ASHER, JEFF NAME NAMÉ 1680 FOXHUNTER GR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY FL 32348 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE 🔀 Change ☐ Addition Mock, Ashley 12680 Warfor Creek Road MOCK, ASHLEY NAME PO BOX 7540 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PERRY FL 32348** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ANDERSON, DANNY NAME NAME 321 OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY FL 32347 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition DRAWDY, BEN SR NAME NAME P.O BOX 44 N/A 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

SIGNATURE:

CITY-ST-ZIP

PERRY FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

850-578-2000

Daytime Phone #