2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2003 8:00 am Secretary of State DOCUMENT # N9400004829 01-14-2003 90072 042 ****61.25 SANDHILL HUNT CLUB. INC. Principal Place of Business Mailing Address 1680 FOXHUNTER GRADE P.O BOX 1405 PERRY FL 32347 PERRY FL 32348 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3271052 Applied For 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 JEFF, ASHER Street Address (P.O. Box Number is Not Acceptable) **1680 FOXHUNTER GRADE PERRY FL 32347** City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to 3 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition NAME SWAIN, ROBERT NAME STREET ADDRESS 4051 U.S. 19 SOUTH STREET ADDRESS CITY-ST-ZIP PERRY FL 32348 CITY-ST-ZIP TITLE D٧ Delete TITLE ☐ Change ☐ Addition NAME DIXON, JOHN L NAME STREET ADDRESS 2920 JODY MORGAN ROAD STREET ADDRESS CITY-ST-ZIP PERRY FL 32347 CITY-ST-ZIP Delete* TITLE? Change Addition NAME ASHER, JEFF NAME STREET ADDRESS 1680 FOXHUNTER GR STREET ADDRESS CITY-ST-ZIP PERRY FL 32348 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME MOCK, ASHLEY NAME STREET ADDRESS 12680 WARRIOR CREEK ROAD STREET ADDRESS CITY-ST-ZIP **PERRY FL 32348** CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change Addition NAME ANDERSON, DANNY NAME STREET ADDRESS 321 OAK LANE STREET ADDRESS CITY-ST-ZIP PERRY FL 32347 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME DRAWDY, BEN SR

12. I hereby certify that the information supplied with this filling 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 with an address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

P.O BOX 44 N/A

PERRY FL

STREET ADDRESS

CITY-ST-7IP

FILED