## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # N9400006307 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name MILL HUNTING CLUB, INC. 09-11-2000 90022 013 \*\*\*\*61.25 Principal Place of Business Mailing Address HIGHWAY 71 NORTH PO BOX 189 **BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424** 80105738 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 59-3379126 Not Applicable Zip Country Ziρ 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 Street Address (P.O. Box Number is Not Acceptable) ROGERS, HARRY W HIGHWAY 71 NORTH **BLOUNTSTOWN FL 32424** City Zip Code FI 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) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🔀 Delete ☐ Change ☐ Addition TITLE SEWELL, WILLIAM NAME NAME STREET ADDRESS HWY 275 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ALTHA FL TITLE ☐ Delete TITLE ☐ Change Addition BENNETT, KERBY NAME NAME STREET ADDRESS 314 13TH ST STREET ADDRESS CITY-ST-ZIE **BLOUNTSTOWN FL 32424** CITY-ST-ZIP TITLE --Delete ☐ Change 7171 E Addition NAME RIDLEY, JASON NAME STREET ADDRESS **HWY 20 WEST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOUNTSTOWN FL** TITLE ☐ Delete ☐ Change Addition 💢 NAME David Fleming STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Biountstown Fl</u> ☐ Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition 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