

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002328

1. Entity Name

THE 8-POINT HUNTING CLUB, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90013 005 ****70.00

Principal Place of Business

Mailing Address

5905 KENDALL AVE
 PENSACOLA FL 32506

5905 KENDALL AVE
 PENSACOLA FL 32506-5262



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5905 Kendall Ave

Po Box 16752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola, FL

4. FEI Number

59-3371426

Applied For

Not Applicable

Zip

32506

Country

USA

Zip

32507

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, ALLEN
 5905 KENDALL AVE
 PENSACOLA FL 32506

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME ANDERSON, ALLEN
 STREET ADDRESS 5905 KENDALL AVE
 CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME ANDERSON, DIANE
 STREET ADDRESS 5905 KENDALL AVE
 CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME HALL, RAY
 STREET ADDRESS 2000 W CAIRO ST
 CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☐ Delete
 NAME MARTIN, KATE
 STREET ADDRESS 3661 SCOGGINS ST
 CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)