

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004510

1. Entity Name

FORTNER HUNTING CLUB, INC.

Principal Place of Business

6469 DANIEL GRIFFIS ROAD
JAY FL 32565

Mailing Address

6469 DANIEL GRIFFIS ROAD
JAY FL 32565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3345146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDEN, MILLARD
6469 DANIEL GRIFFIS ROAD
JAY FL 32565

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARDEN, CHARLES
CITY-ST-ZIP 6469 DANIEL GRIFFIS ROAD
JAY FL 32565

TITLE ☒ Delete
NAME D
STREET ADDRESS ROY JERNIGAN
CITY-ST-ZIP 6469 DANIEL GRIFFIS ROAD
JAY FL 32565

TITLE ☐ Delete
NAME D
STREET ADDRESS HULLETT, DAVID
CITY-ST-ZIP 6469 DANIEL GRIFFIS RD
JAY FL

TITLE ☐ Delete
NAME P
STREET ADDRESS CARDEN, MILLARD
CITY-ST-ZIP 6469 DANIEL GRIFFIS ROAD
JAY FL 32565

TITLE ☐ Delete
NAME V
STREET ADDRESS ROBERTS, TIM
CITY-ST-ZIP 6469 DANIEL GRIFFIS ROAD
JAY FL 32565

TITLE ☐ Delete
NAME ST.
STREET ADDRESS DOYLE HUNTER
CITY-ST-ZIP 6469 DANIEL GRIFFIS RD
JAY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JACKY HAWSEY
CITY-ST-ZIP 6469 DANIEL GRIFFIS RD
JAY, FL. 32565

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

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

TITLE ☐ Change ☐ Addition
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: *MILLARD CARDEN* MILLARD CARDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02 (850)675-4356

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90600 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

0083980