

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90034 004 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARDEN, CHARLES	
STREET ADDRESS	6469 DANIEL GRIFFIS ROAD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWSEY, JACKY	
STREET ADDRESS	6469 DANIEL GRIFFIS ROAD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	HULLETT, DAVID	
STREET ADDRESS	6469 DANIEL GRIFFIS RD	
CITY-ST-ZIP	JAY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARDEN, MILLARD	
STREET ADDRESS	6469 DANIEL GRIFFIS ROAD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, TIM	
STREET ADDRESS	6469 DANIEL GRIFFIS ROAD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOYLE HUNTER	
STREET ADDRESS	6469 DANIEL GRIFFIS RD	
CITY-ST-ZIP	JAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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**

1-3-03 850-675-4356