

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NG6000003219  
 1. Entity Name  
Bayou Hunting And Fishing Club Inc.

APPROVED  
AND  
FILED

00 JUN 23 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
617 Angel St. 617 Angel St.

2. Principal Place of Business 3. Mailing Address  
617 Angel St. 617 Angel St.  
 Suite, Apt. #, etc Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country  
Blountstown, FL 32424 Calhoun Blountstown, FL 32424 Calhoun

4. FEI Number Applied For  
59-3078297 Not Applicable

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

Name Shelby Hires  
 Street Address (P.O. Box Number is Not Acceptable)  
617 Angel St.  
 City Blountstown FL Zip Code 32424

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 \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
 FEE IS \$61.25 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>President &amp; DIRECTOR</u>	<input type="checkbox"/> Delete
NAME	<u>Shelby Hires</u>	
STREET ADDRESS	<u>617 Angel St.</u>	
CITY-ST-ZIP	<u>Blountstown, FL 32424</u>	
TITLE	<u>Vice-President &amp; DIRECTOR</u>	<input type="checkbox"/> Delete
NAME	<u>Fred Johnson</u>	
STREET ADDRESS	<u>Hwy. 275 N.</u>	
CITY-ST-ZIP	<u>Altha FL 32421</u>	
TITLE	<u>STB DIRECTOR</u>	<input type="checkbox"/> Delete
NAME	<u>Katanna Hires</u>	
STREET ADDRESS	<u>Hwy. 275 N.</u>	
CITY-ST-ZIP	<u>Altha FL 32421</u>	
TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>Tommy Williams</u>	
STREET ADDRESS	<u>Hwy. 71 N.</u>	
CITY-ST-ZIP	<u>Blountstown, FL 32424</u>	
TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>Steve Newman</u>	
STREET ADDRESS	<u>Hwy. 71 N.</u>	
CITY-ST-ZIP	<u>Blountstown, FL 32124</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>600003334996--4</u>	
CITY-ST-ZIP	<u>-07/25/00--01049--011</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>*****61.25</u>	
CITY-ST-ZIP	<u>*****61.25</u>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Shelby Hires 6-20-2000 674-5731  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)