

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003219

1. Entity Name

BAYOU HUNTING AND FISHING CLUB INC.

Principal Place of Business

617 ANGEL ST.
BLOUNTSTOWN FL 32424

Mailing Address

617 ANGEL ST.
BLOUNTSTOWN FL 32424

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3078297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIRES, SHELBY
617 ANGEL ST.
BLOUNTSTOWN FL 32424

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME HIRES, SHELBY
STREET ADDRESS 617 ANGEL ST.
CITY-ST-ZIP BLOUNTSTOWN FL 32424 ☐ Delete

TITLE VPD
NAME JOHNSON, FRED
STREET ADDRESS HWY. 275 N.
CITY-ST-ZIP ALTHA FL 32421 ☐ Delete

TITLE STD
NAME HIRES, KATINNA
STREET ADDRESS HWY. 275 NORTH
CITY-ST-ZIP ALTHA FL 32421 ☐ Delete

TITLE D
NAME WILLIAMS, TOMMY
STREET ADDRESS HWY. 71 N.
CITY-ST-ZIP BLOUNTSTOWN FL 32424 ☐ Delete

TITLE D
NAME NEWMAN, STEVE
STREET ADDRESS HWY. 71 N.
CITY-ST-ZIP BLOUNTSTOWN FL 32124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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]* SIGNATURE REQUIRED wcs

7-30-0 850-674-4129

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90199 014 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)