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

DOCUMENT # N9600003646

1. Entity Name

EAST KINGS ROAD HUNT CLUB, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90042 037 ****61.25

Principal Place of Business 912 S RIDGEWOOD AVE SUITE D DAYTONA BEACH FL 32114				ng Address S RIDGEWOOD AVE S ONA BEACH FL 3211	•		1 1901/101 110 1	IND ANNY ARIN ARIN PATRI RE	IL arian reit a s ek	r areae enat gam	
2. Principal f	Place of Busi	ness	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			С	City & State			4. FEI Number 59-3389187 Applied For Not Applicable				
Zip Country			Z	þ	Coun	itry			\$8.75 🗚	\$8.75 Additional Fee Required	
	6. Name	and Address of Curr	ent Register	ed Agent			7. Name and Add	ress of New Register	<u>.</u>		
DUPONT, HEWITT J 912 S RIDGEWOOD AVE SUITE D DAYTONA BEACH FL 32114						Name Street Address (P.O. Box Number is Not Acceptable)					
					}	City			Zip Co	ode	
	tions of regis						istered agent, or both, in	the State of Florida. I a		n, and accept	
	Trust Fund C	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State						
10.	I DP	OFFICERS AND	DIRECTORS		11,		ADDITIONS/CHANGE	ES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUPONT, 912 S RIC	HEWITT J DGEWOOD AVE SUI A BEACH FL 32114	TE D	☐ Delete	NAME STREET CITY-S	I ADDRESS ST-ZIP			☐ Change	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KELLY, M 5000 OLD PALM CO	KINGS RD		□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BANKS, V 5000 OLD PALM CO	KINGS RD		□ Delete	TITLE NAME STREET CITY-S	ADDRESS it-zip			☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DHN V ENTRAL AVE BEACH FL		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET	ADDRESS IT-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:

/ - (

386.257.1425