

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003981

1. Entity Name

TWO GATE HUNTING CLUB, INC.

Principal Place of Business

5504 RESSIE DR.
JACKSONVILLE FL 32218

Mailing Address

PO BOX 1231
HILLIARD FL 32048

2. Principal Place of Business

106 MARSHALL LN

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 781

Suite, Apt. #, etc.

City & State

Hilliard FL

City & State

Hilliard FL 32046

Zip

32046

Country

US

Zip

32046

Country

US

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELROD, WARREN H
5504 RESSIE DR.
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Carter, Robert T

Street Address (P.O. Box Number is Not Acceptable)

106 MARSHALL LN

City

Hilliard FL

FL

Zip Code

32046

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	DP	<input type="checkbox"/> Delete
NAME	CARTER, ROBERT T	
STREET ADDRESS	106 MARSHALL LN	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CARUTHERS, WAYNE	
STREET ADDRESS	962 OLD DIXIE HWY	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ELROD, WARREN H	
STREET ADDRESS	5504 RESSIE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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
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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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 (904) 877-4226



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)