

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90003 020 \*\*\*\*61.25

**DOCUMENT # N96000004542**

1. Entity Name

**BREEDING GROUND STILL HUNT CLUB, INC.**

Principal Place of Business

4970 ROPING LN  
 PERRY FL 32347  
 US

Mailing Address

4970 ROPING LN  
 PERRY FL 32347  
 US

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

**59-335 1903**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLUE, WARREN C**  
**P O BOX 1357**  
**PERRY FL 32348**

7. Name and Address of New Registered Agent

Name *Blue Warren C*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4970 Roping Lane*  
*Perry, Fla*  
 City *Perry, Fla*

FL Zip Code *32347*

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

*Warren C Blue*

*7/11/00*

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 13, 2000 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARWOOD, DANNY</b>	
STREET ADDRESS	<b>4211 FRANKS FAIR LANE</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NEWELL, JOHNNY</b>	
STREET ADDRESS	<b>RT 5 BOX 52</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE	<b>PO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHAUGHTER, JIMMY</b>	
STREET ADDRESS	<b>RT 5 BOX 356 SHAUGHTER RD</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WINSTEAD, JAMES</b>	
STREET ADDRESS	<b>RT 3 BOX 87</b>	
CITY-ST-ZIP	<b>PERRY FL 32341</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLUE, W C</b>	
STREET ADDRESS	<b>P O BOX 1357 BOYD RD</b>	
CITY-ST-ZIP	<b>PERRY FL 32348</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PO</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wallace Holmes</b>	
STREET ADDRESS	<b>2464 Boyd Rd</b>	
CITY-ST-ZIP	<b>Perry, Fla 32347</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rogers Freddie</b>	
STREET ADDRESS	<b>2280 Rosen Rd</b>	
CITY-ST-ZIP	<b>Perry, Fla 32347</b>	
TITLE	<b>PO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shaughter Jimmy</b>	
STREET ADDRESS	<b>PO Box 332</b>	
CITY-ST-ZIP	<b>Perry, Fla 32347</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Winstead James</b>	
STREET ADDRESS	<b>2860 Hwy 27E</b>	
CITY-ST-ZIP	<b>Perry, Fla 32347</b>	
TITLE	<b>S.T.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Blue W.C</b>	
STREET ADDRESS	<b>4920 Roping Lane</b>	
CITY-ST-ZIP	<b>Perry Fla 32347</b>	
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

*7/13/00*

DATE

Daytime Phone #