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

DOCUMENT # N96000004542

1. Entity Name

BREEDING GROUND STILL HUNT CLUB, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90128 025 ****61.25

		_,		,				
Principal Place of Business 4970 ROPING LN PERRY FL 32347 US		Mailing Address 4970 ROPING LN PERRY FL 32347 US		,	, ·			
2. Principal F	Place of Business	3. Mailing Address						
P D B D X 13 S P D B D X 13 S Suite, Apt. #, etc. /			5		EOV LIEBE IE MAIZIN	O CHANCES	141	
Worth,	infor Springa	Worthington	Springs		ECK HERE IF MAKIN			
City & State A		Tha		4. FEI Number 59- 3	351903	Applied F Not Appli		
32697 Linion		32697	Country,	5. Certificate of Statu	ıs Desired 🔲	\$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Addre	ss of New Registered	Agent		
BLUE, WARREN C				s (P.O. Box Number is Not				
4970 REPING LN. PERRY FL 32348								
			City		F	Zip Code	_	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its reg	nistered office or regist	tered agent, or both, in the	State of Florida. 1 an	n familiar with, and ac	cept	
u to obliga	11/010	Re o						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signature requir	red when reinstating)	DATE		- {	
	FILE NOW: FEE IS \$61.25	ign Financing iribution.	\$5.00 May Be Added to Fees		ck Payable to			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, FREDDIE 2280 ROGERS RD PERRY FL 32347	☐ Delete	NAME	ogers Fred 280 Rogerk		Change A	uoitipp CH2E037 (10/02)	
TITLE NAME	D HOLMES, WALLACE	☐ Delete	TITLE 74	elmer Da	flace	☐ Change ☐ Ac	ddition S	
STREET ADORESS CITY-ST-ZIP	2464 BOYD RD PERRY FL 32347		STREET ADDRESS CITY-ST-ZIP	erry tha	32347			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAUGHTER, JIMMY PO BOX 232 PERRY FL 32347	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Slaughter J: 20 Box 232 serry The	~~~ <i>y</i>	☐ Change ☐ Ac	ddition	
TITLE NAME	VPD WINSTEAD, JAMES	☐ Delete	TITLE V	Duristea de	Tamer	Change Ac	i	
STREET ADDRESS CITY-ST-ZIP	2860 HWY 27E PERRY FL 32347		STREET ADDRESS CITY-ST-ZIP	2860 Herry 71	208	Same	_	
TITLE NAME	ST BLUE, W.C	Delete	TITLE ST	Blue W. RO BOX 13	<u>C</u>	Change A	ddition	
STREET ADDRESS CITY-ST-ZIP	4970 ROPING LANE PERRY FL 32348		STREET ADDRESS CITY-ST-ZIP	GO BOX 13 Worthingto	s Sarince	_		
TITLE		☐ Delete	TITLE	<u> </u>	رر ۱۰۰ پر -		ddition	
NAME	Į.	,	NAME				1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				j	

12. 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:

HEALTHE RICUITES

1-20-03 386-496-8060