

2000 UNIFORM BUSINESS REPORT

DOCUMENT # N97000005313

1. Entity Name

PINE HILLS HUNTING CLUB INC.

Principal Place of Business

C/O W.J. MURPHY
6361 WISTERIA DRIVE
MILTON FL 32570

Mailing Address

C/O W.J. MURPHY
6361 WISTERIA DRIVE
MILTON FL 32570-5452

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

MURPHY, W J
6361 WISTERIA DRIVE
MILTON FL 32570

7. Name and Address of New Registered Agent

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

5247 Lundy Ln

City Milton

FL

Zip Code 32583

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 ☐ Delete
NAME PT
STREET ADDRESS MURPHY, W J
CITY-ST-ZIP 6361 WISTERIA DR
MILTON FL 32570

TITLE ☐ Delete
NAME VT
STREET ADDRESS HOOMES, STEVE
CITY-ST-ZIP 5249 EMERALD DR
PACE FL 32571

TITLE ☐ Delete
NAME ST
STREET ADDRESS PROFFITT, CYNTHIA
CITY-ST-ZIP 5247 LUNDY LN
MILTON FL 32583

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME Cynthia Proffitt
STREET ADDRESS Same
CITY-ST-ZIP Same

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. J. MURPHY 2-23-00 (800) 626-2944

Date

Daytime Phone #

CR2E037 (9/99)