

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

0009054

**DOCUMENT # N97000005313**

1. Entity Name

**PINE HILLS HUNTING CLUB INC.**

05-14-2002 90032 008 \*\*\*\*70.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

*N/A*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**PROFFITT, CYNTHIA  
 5247 LUNDY LANE  
 MILTON FL 32570**

Name

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

City

**FL**

Zip Code

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's 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
 NAME **PT Mike Williams**  Change  Addition  
 STREET ADDRESS **6255 Pine Terrace Circle**  
 CITY-ST-ZIP **Milton Fla 32570**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME **VT WILLIAMS, MIKE**  Delete  
 STREET ADDRESS **6255 PINE TERRACE CIRCLE**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE  
 NAME **VT Dwayne Woods.**  Change  Addition  
 STREET ADDRESS **4696 Summertime Dr**  
 CITY-ST-ZIP **Holt FLA. 32564**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 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:

*Cynthia Proffitt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*850 623-4145*

CR2E037 (9/01)