

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005313

1. Entity Name

PINE HILLS HUNTING CLUB INC.

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

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

Suite, Apt. #, etc.

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

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE PT
NAME Mike Williams
STREET ADDRESS 6255 Pine Terrace Circle
CITY-ST-ZIP Milton FL 32570

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (9/01)

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

Date

Daytime Phone #

850 623-4445