

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000176

1. Entity Name

SANDPINE HUNTING CLUB INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90028 044 \*\*\*\*61.25

Principal Place of Business

11525 BOUNDARY LINE RD.  
MILTON FL 32583

Mailing Address

11525 BOUNDARY LINE RD.  
MILTON FL 32583

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3512952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

POLK, VINCINT  
11525 BOUNDARY LINE RD.  
MILTON FL 32583

## 7. Name and Address of New Registered Agent

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 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 D  
STREET ADDRESS POLK, VINCENT  
CITY-ST-ZIP 11525 BOUNDARY LINE RD.  
MILTON FL 32583

TITLE ☐ Delete  
NAME D  
STREET ADDRESS POLK, DEBBIE  
CITY-ST-ZIP 11525 BOUNDARY LINE RD.  
MILTON FL 32583

TITLE ☐ Delete  
NAME D  
STREET ADDRESS POLK, RANDY  
CITY-ST-ZIP 11525 BOUNDARY LINE RD.  
MILTON FL 32583

TITLE ☐ Delete  
NAME D  
STREET ADDRESS POLK, BUDDY  
CITY-ST-ZIP 10274 POND RD  
MILTON FL 32583

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: VINCENT POLK 4-11-01 850-623-0268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)