

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90132 001 ****70.00

DOCUMENT # N99000001418

1. Entity Name

MORGAN SWAMP HUNT CLUB, INC.

(Handwritten: CA)

Principal Place of Business

**2905 GIVERNY CIRCLE
TALLAHASSEE FL 32308 9**

Mailing Address

**2905 GIVERNY CIRCLE
TALLAHASSEE FL 32308 9**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

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

**STREID, DEL
2905 GIVERNY CIRCLE
TALLAHASSEE FL 32308 9**

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
After September 12, 2001, min. will be \$236.25**

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 **PM** ☐ Delete
NAME **STREID, DEL**
STREET ADDRESS **2905 GEVERNY CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32308 9**

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

TITLE **TD** ☐ Delete
NAME **KOLIAS, GEORGE C**
STREET ADDRESS **2332 LIMERICK DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308 9**

TITLE **TSD** ☒ Change ☐ Addition
NAME **Kolias, George C.**
STREET ADDRESS **2332 Limerick Dr.**
CITY-ST-ZIP **Tallahassee, FL**

TITLE **VD** ☐ Delete
NAME **RUDD, RAY**
STREET ADDRESS **1949 CELTIC DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **SD** ☐ Delete
NAME **RUNKLE, TERRY**
STREET ADDRESS **101 MAIN STREET**
CITY-ST-ZIP **CHATTAHOOCHEE FL 32324**

TITLE **D** ☒ Change ☐ Addition
NAME **Runkle, Terry**
STREET ADDRESS **101 Main St.**
CITY-ST-ZIP **Chattahoochee, FL**

TITLE **D** ☒ Delete
NAME **KLEES, BRAD**
STREET ADDRESS **1917 TRIMBLE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition
NAME **Bennett, Phil**
STREET ADDRESS **1202 Claude Pichard Dr.**
CITY-ST-ZIP **Tallahassee, FL**

TITLE ☐ Delete
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: *(Handwritten: DEL STREID)* **DEL STREID** *(Handwritten: 9/10/01 850-487-2083)*

CR257 (5/01)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

Attachment
99000001418
75450

DATE OF THIS NOTICE: 04-26-2001
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 59-3711041
FORM: SS-4
0716933154 0

MORGAN SWAMP HUNT CLUB INC
% DEL STREID PRES
2905 GIVERNY CIR
TALLAHASSEE FL 32308

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3711041. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev. 1-200

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0716933154

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 04-26-2001
EMPLOYER IDENTIFICATION NUMBER: 59-3711041
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

MORGAN SWAMP HUNT CLUB INC
% DEL STREID PRES
2905 GIVERNY CIR
TALLAHASSEE FL 32308