

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-13-2003 90057 049 *****70.00

DOCUMENT # N99000001418

1. Entity Name

MORGAN SWAMP HUNT CLUB, INC.

Principal Place of Business

**2805 GIVERNY CIRCLE
TALLAHASSEE FL 32309**

Mailing Address

**2805 GIVERNY CIRCLE
TALLAHASSEE FL 32309**

55050207

2. Principal Place of Business

1949 Celtic Drive
Suite, Apt. #, etc.

3. Mailing Address

1949 Celtic Drive
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee, FL

Zip

32311

Country

USA

City & State

Tallahassee, FL

Zip

32311

Country

USA

4. FEI Number **59-3711041**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

**STREID, DEL
2805 GIVERNY CIRCLE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Ray Rudd**
Street Address (P.O. Box Number is Not Acceptable)

1949 Celtic Drive Road
City **Tallahassee** FL Zip Code **32317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ray Rudd

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PM** ☒ Delete
NAME **STREID, DEL**
STREET ADDRESS **2805 GIVERNY CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE **TSD** ☐ Delete
NAME **KOLIAS, GEORGE C**
STREET ADDRESS **2332 LIMERICK DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE **VD** ☐ Delete
NAME **RUDD, RAY**
STREET ADDRESS **1949 CELTIC DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ Delete
NAME **NOLES, SHAWN**
STREET ADDRESS **1527 BRIMSTONE RIDGE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **WHITE, SKEET**
STREET ADDRESS **440 NORTH CALHOUN STREET**
CITY-ST-ZIP **QUINCY FL 32351**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **PM** ☒ Change ☐ Addition
NAME **Rudd, Ray**
STREET ADDRESS **1949 Celtic Drive**
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **VP - Director** ☒ Change ☐ Addition
NAME **Noles, Shawn**
STREET ADDRESS **1527 Brimstone Ridge**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **-Director** ☐ 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:

Ray Rudd **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/31/03 850-656-9137

CR2E037 (10/02)