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

Mar 31, 2003 8:00 am **Secretary of State** DOCUMENT # **N99000001804** 03-31-2003 90171 012 ****61.25 NORTH FLORIDA COON HUNTING CLUB INC. Principal Place of Business Mailing Address 18525 SW 46TH AVENUE 18525 SW 46TH AVENUE ARCHER FL 32618 ARCHER FL 32618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUBER, DUDLEY A Street Address (P.O. Box Number is Not Acceptable) **18525 SW 46TH AVENUE** ARCHER FL 32618 City 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. I am familiar with, and accept the obligations of registered agent SIĞNATURE $\mathcal{F}_{\mathcal{F}}(\mathfrak{p})$ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD TITLE ☐ Addition ☐ Delete BURKETT, BOBBY NAME **RR 1 BOX 458** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WHITE SPRINGS FL 32096 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE KIRBY, JOEL NAME NAME STREET ADDRESS RR 5 4130 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE BUTLER FL 32054 D۷ Delete TITLE 🔀 Change ☐ Addition NAME EMERSON, WADE NAME STREET ADDRESS 16428 NW 278TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 ☐ Change TITLE ☐ Addition TITLE ☐ Delete HUBER, DUDLEY NAME NAME STREET ADDRESS 18525 SW 46TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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.

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Huber Mar. 26, 2003 352 846-0898