

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002747

1. Entity Name

GAD'S BAY HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

10891 NE 102ND PLACE  
ARCHER FL 32618

10891 NE 102ND PLACE  
ARCHER FL 32618-7111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBIN, JONNIE  
10891 NE 102ND PLACE  
ARCHER FL 32618

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME DAVIS, ARNOLD  
STREET ADDRESS 10891 NE 102ND PLACE  
CITY-ST-ZIP ARCHER FL 32618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME VOGEL, RANDY  
STREET ADDRESS P.O. BOX 1207  
CITY-ST-ZIP CHIEFLND FL 32644

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CORBIN, JONNIE  
STREET ADDRESS 350 NE 209TH TERR  
CITY-ST-ZIP WILLISTON FL 32696

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CARR, PHILLIP  
STREET ADDRESS 224 COUNTY LINE ROAD W  
CITY-ST-ZIP LUTZ FL 33549

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MAHONEY, MIKE  
STREET ADDRESS 4801 DOVER ST NE  
CITY-ST-ZIP ST. PETERSBURG FL 33730

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BITTER, WARREN  
STREET ADDRESS 1751 NW CR 345  
CITY-ST-ZIP CHIEFLND FL 32626

TITLE  
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:

*Jonnie M. Corbin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONNIE M. CORBIN

1/18/00

(352) 372-3963

Date

Daytime Phone #

FILED  
Jan 22, 2000 8:00 am  
Secretary of State

01-22-2000 90030 020 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)