

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002747

1. Entity Name

GAD'S BAY HUNTING CLUB, INC.

Principal Place of Business

10891 NE 102ND PLACE
ARCHER FL 32618

Mailing Address

10891 NE 102ND PLACE
ARCHER FL 32618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORBIN, JONNIE
10891 NE 102ND PLACE
ARCHER FL 32618

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	D	<input type="checkbox"/> Delete
NAME	DAVIS, ARNOLD	
STREET ADDRESS	10891 NE 102ND PLACE	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOGEL, RANDY	
STREET ADDRESS	P.O. BOX 1207	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBIN, JONNIE	
STREET ADDRESS	350 NE 209TH TERR	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, PHILLIP	
STREET ADDRESS	224 COUNTY LINE ROAD W	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEY, MIKE	
STREET ADDRESS	4801 DOVER ST NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33730	
TITLE	D	<input type="checkbox"/> Delete
NAME	BITTER, WARREN	
STREET ADDRESS	1751 NW CR 345	
CITY-ST-ZIP	CHIEFLAND FL 32626	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR AND VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL BLUSH	
STREET ADDRESS	304 BAY PLAZA DRIVE	
CITY-ST-ZIP	TREASURE ISLAND, FLA. 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JONNIE CORBIN, JONNIE CORBIN, SECT/TREASURER

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90073 027 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)