2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2002 8:00 am³ Secretary of State DOCUMENT # N9900002747 1. Entity Name GAD'S BAY HUNTING CLUB, INC. 03-06-2002 90028 016 ****61.25 Principal Place of Business Mailing Address 10891 NE 102ND PLACE 10891 NE 102ND PLACE ARCHER FL 32618 ARCHER FL 32618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable _ Zip_ Country Zip_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORBIN, JONNIE 10891 NE 102ND PLACE ARCHER FL 32618 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D, \overline{P} TITLE ☐ Delete TITI F Change ■ Addition DÁVIS, ARNOLD NAME NAME STREET ADDRESS 10891 NE 102ND PLACE STREET ADDRESS CITY-ST-ZIP ARCHER FL 32618 CITY-ST-ZIP $D \rightarrow V$ TITLE 🗷 Delete TITLE Change Addition VOGEL, RANDY BILL BLUSH NAME NAME 340 BAY PLAZA DRIVE TREASURE ISLAND, FLA. STREET ADDRESS P.O. BOX 1207 STREET ADDRESS CITY-ST-ZIP 33706 CHIEFLAND FL 32644 CITY-ST-ZIP $D_{\lambda}SM$ TITLE Delete TITLE Change ☐ Addition CÓRBIN, JONNIE NAME NAME STREET ADDRESS 350 NE 209TH TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILLISTON FL 32696 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARR, PHILLIP NAME STREET ADDRESS 224 COUNTY LINE ROAD W STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MAHONEY, MIKE NAME STREET ADDRESS 4801 DOVER ST NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33730 ☐ Delete TITLE Addition Change BITTER, WARREN NAME NAME STREET ADDRESS 1751 NW CR 345 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIEFLAND FL 32626 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.