

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

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

01-30-2003 90172 046 ****61.25

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

10013000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

GAD'S BAY HUNTING CLUB

GAD'S BAY HUNTING CLUB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 1814

P.O. BOX 1814

City & State

City & State

CHIEFLAND, FLORIDA

CHIEFLAND, FLORIDA

Zip

Country

Zip

Country

32626

LEVY

32626

LEVY

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

7. Name and Address of New Registered Agent

CORBIN, JONNIE

10891 NE 102ND PLACE

ARCHER FL 32618

Name

CORBIN, JONNIE

Street Address (P.O. Box Number is Not Acceptable)

350 N.E. 209 TERRACE

City

WILLISTON, FLA.

FL

Zip Code

32696

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | | |
|--|--|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, ARNOLD 10891 NE 102ND PLACE ARCHER FL 32618 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT / DIRECTOR BEN DAVIS P.O. BOX 518 ARCHER, FLA 32618 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BLUSH, BILL 340 BAY PLAZA DRIVE TREASURE ISLAND FL 33706 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORBIN, JONNIE 350 NE 209TH TERR WILLISTON FL 32696 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARR, PHILLIP 224 COUNTY LINE ROAD W LUTZ FL 33549 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAHONEY, MIKE 4801 DOVER ST NE ST. PETERSBURG FL 33730 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BITTER, WARREN 1751 NW CR 345 CHIEFLAND FL 32626 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE REQUIRED

Date

Signature Phone #

CR2E037 (10/02)