2000	UNIFORM BU	JSINESS REPO	ORT	(UBR	7/1				
DOCUMENT # N9900003326  1. Entity Name						FILED Aug 28, 2000 8:00 am			
OWL SWAMP HUNTING CLUB CORPORATION					Aug 28, 2000 8:00 am Secretary of State				
Principal Place of Business Mailing Address					-	07-17-2000 90	10/3/002	/0.00	
15220 BANKS DR SOUTHPOINT FL		15220 Banks Dr. Southpoint Fl. 32409-26	15220 Banks Dr. Southpoint FL 32409-2680						
2. Principal Plac	e of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	·	City & State	City & State		54. FEI Numb	C4 FEI Number Applied For Not Applied For Not Applicable			
Zip	p Country Zip		Country		5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Cut	The state of the s			7. Name and	Address of New Registers	d Agent		
			<del></del>	Namo					
KIRKLAND, JOHNNY 15220 BANKS DR.				Street Address (P.O. Box Number is Not Acceptable)					
SOUTHPOINT FL 32409				City	ity FL Zip Code				
8. The above na	med entity submits this stateme	ent for the purpose of changing its	s registere	ed office or r	egistered agent, or bo	th), in the state of Florida.			
						1			
SIGNATURE		Carried Manager Control of Carried Manager Contr	E Basissas	d An and alamah da	soon short when reinstalled	DATI			
	neture, typed or printed name of registered	agent and the a applicable. (190-	E: NOGISHORE	a voeut tribusinus	required when reinstating)	T	·		
FILE NOW: 9. Election Campaign Fir				na	\$5.00 May Be	10 May Be Make Check Payable to			
	FEE IS \$61.25		Trust Fund Contribution.				nt of State		
	OSEIGERO ANI	D DIDECTORS	11.		ADDITIONS (CH	ANGES TO OFFICERS AND	DIRECTORS IN 10		
TITLE	OFFICERS AND DIRECTORS		TITLE					Addition &	
NAME			NAM	E		ir Kland Ks Dr.		, _	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				15220 Ban	RS UF	•	E03	
CITY-ST-ZIP				South port	THE SAMON	☐ Change ☐	CR2E037		
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TITLE		☐ Delete T			5/0			Addition	
NAME:		÷ NAM		Joseph 6	ark Melvin,				
STREET ADDRESS CITY-ST-ZIP	,			ET ADORESS -ST-ZIP	20320 Dee	EL 2542A		ļ	
TITLE			TITLE		Fountain		☐ Change ☐	Addition	
NAME		NAME		E					
STREET ADDRESS				ET ADDRESS	•			ĺ	
CITY-ST-ZIP		☐ Delete	TITLE	-ST-ZIP			☐ Change ☐	Addition	
1111 P		1 [16]846	E (1)LC						

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 path; that I am an officer or director of the corporation or the raceivar 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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

Delete

Date

☐ Change

☐ Addition

DOC # N9400000 3326 309459

Please notice on my oringinal form, I have sent the addictional fees, in order to receive a copy of my corporate status.

Also I would like to know what is needed to receive a copy of my articles of corporation.

John Kukland