

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000004215

1. Entity Name

HIGH BLUFF WILDLIFE INC.

Principal Place of Business

Mailing Address

7296 JOHNSON RD.  
MILTON FL 32583

7296 JOHNSON RD.  
MILTON FL 32583-5308

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

59-3589243

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

LAY, CHERYL

7296 JOHNSON RD.  
MILTON FL 32583

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	President (D)	<input type="checkbox"/> Delete
NAME	Robert L. LAY	
STREET ADDRESS	7296 Johnson Rd	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	Vice President (D)	<input type="checkbox"/> Delete
NAME	Robert Bliss Lay	
STREET ADDRESS	11591 Boundary Line Rd.	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	Treasurer (D)	<input type="checkbox"/> Delete
NAME	Park Lee	
STREET ADDRESS	7027 RYAN LANE	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	Secretary (D)	<input type="checkbox"/> Delete
NAME	Cheryl LAY	
STREET ADDRESS	7296 Johnson Rd	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT LAY	
STREET ADDRESS	7296 JOHNSON RD.	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK LEE	
STREET ADDRESS	7027 RYAN LANE	
CITY-ST-ZIP	MILTON, FL 32583	
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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 07, 2000 8:00 am  
Secretary of State

05-10-2000 90133 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE