

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90606 037 ****70.00

DOCUMENT # N99000004293

1. Entity Name

CHUMUCKLA HUNTING CLUB, INC.

Principal Place of Business

3901 MOLINO RD.
MOLINO FL 32577

Mailing Address

3901 MOLINO RD.
MOLINO FL 32577

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

59-3598907

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

GRIFFEY, MARVIN L
3901 MOLINO RD.
MOLINO FL 32577

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

Marvin L. Griffey

Marvin L. Griffey

1-20-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALL COOK, THOMAS	
STREET ADDRESS	752 OLD HIGHWAY 90	
CITY-ST-ZIP	FLOMATON AL 36441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORN, KEN JR	
STREET ADDRESS	RR 6 BOX 270 D	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKET, JAMES W	
STREET ADDRESS	RR 2 BOX 298	
CITY-ST-ZIP	PACE FL 32571	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFEY, MARVIN L	
STREET ADDRESS	3901 MOLINO RD.	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUFNER, WILLIAM A	
STREET ADDRESS	6291 HEART PINE DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUTLER, JIM	
STREET ADDRESS	3517 STRATFORD LN.	
CITY-ST-ZIP	PACE FL 32571	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Biddy Carney	
STREET ADDRESS	8424 Hwy 89 Milton FL.	
CITY-ST-ZIP	32570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Steve Wentworth	
STREET ADDRESS	5304 Wesleyan Dr.	
CITY-ST-ZIP	Pace FL. 3571	
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:

Marvin L. Griffey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Luther Griffey

Date

Phone #

CR2E037 (10/00)