

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90226 010 ****61.25

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

4313 RIDGELAND DR.

3. Mailing Address

4313 RIDGELAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PACE, FL.

City & State

PACE, FL.

Zip

32571

Country

US

Zip

32571

Country

US

4. FEI Number **59-3598907**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GRIFFEY, MARVIN L
3901 MOLINO RD.
MOLINO FL 32577**

7. Name and Address of New Registered Agent

Name **STEVE A. WENTWORTH**

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

4313 Ridgeland Dr.

City

Pace FL

FL

Zip Code

32571

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

Steve Wentworth

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03

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

TITLE **D** ☒ Delete
NAME **CARNLEY, BUDDY**
STREET ADDRESS **8494 HWY 89 MILTON**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☒ Delete
NAME **BORN, KEN JR**
STREET ADDRESS **RR 6 BOX 270 D**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Delete
NAME **BURKET, JAMES W**
STREET ADDRESS **RR 2 BOX 298**
CITY-ST-ZIP **PACE FL 32571**

TITLE **P** ☐ Delete
NAME **GRIFFEY, MARVIN L**
STREET ADDRESS **3901 MOLINO RD.**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **V** ☒ Delete
NAME **DUFNER, WILLIAM A**
STREET ADDRESS **6291 HEART PINE DR.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **S** ☐ Delete
NAME **BUTLER, JIM**
STREET ADDRESS **3517 STRATFORD LN.**
CITY-ST-ZIP **PACE FL 32571**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **WENTWORTH, STEVE A**
STREET ADDRESS **4313 RIDGELAND DRIVE**
CITY-ST-ZIP **PACE, FL. 32571**

TITLE **VP** ☐ Change ☒ Addition
NAME **WORSNOP, SHELTON**
STREET ADDRESS **225 MEADSON WAY**
CITY-ST-ZIP **PENSACOLA, FL. 32506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **GRIFFEY, MARVIN L**
STREET ADDRESS **3901 MOLINO RD.**
CITY-ST-ZIP **MOLINO FL. 32577**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LYNCH, BOBBY**
STREET ADDRESS **2655 BARRINEAU PARK RD.**
CITY-ST-ZIP **MOLINO, FL. 32577**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **BUTLER, JIM**
STREET ADDRESS **3517 STRATFORD LN.**
CITY-ST-ZIP **PACE, FL 32571**

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: *Steve Wentworth* **REQUIRED STEVE WENTWORTH 4/28/03 850-968-4221**

CR2E037 (10/02)