2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N9900006179** May 24, 2000 8:00 am Secretary of State KLONDIKE CREEKSIDE HUNTING CLUB, INC. 05-24-2000 90189 004 ****70.00 Principal Place of Business Mailing Address 6910 KLONDIKE ROAD 6910 KLONDIKE ROAD PENSACOLA FL 32526-8585 PENSACOLA FL 32526 2. Principal Place of Business Mailing Address 0110 me Klond DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARTBARGER, JAMES W JR. 6910 KLONDIKE ROAD PENSACOLA FL 32526 Zip Code 8. The above gamed entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President Director James W. Hartorger, Sr 6910 Klondike Rd ☐ Delete **P** Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ensacola,7L_32526 V. Alesident, Director James W. Hartbarger, Sr. Ubbo Klandike Rd TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Pensacola, 7h 32526 CITY-ST-ZIP CITY-ST-ZIP Ser/heas, Startbarger Change 14 Addition TITI F TITLE Delete NAME NAME Lajo Klandiko Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pensacola Th 32526 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of supplied ental 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR