

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006179

1. Entity Name

KLONDIKE CREEKSIDE HUNTING CLUB, INC.

Principal Place of Business

6910 KLONDIKE ROAD  
PENSACOLA FL 32526

Mailing Address

6910 KLONDIKE ROAD  
PENSACOLA FL 32526

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HARTBARGER, JAMES W JR.  
6910 KLONDIKE ROAD  
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> Delete
NAME	HARTBERGER, JAMES W JR.	
STREET ADDRESS	6910 KLONDIKE RD	
CITY-ST-ZIP	PENSACOLA FL 32526	Hartbarger
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARTLOARGER, GINA M	
STREET ADDRESS	6910 KLONDIKE RD	
CITY-ST-ZIP	PENSACOLA FL 32526	Hartbarger
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARTBARGER, JAMES W SR.	
STREET ADDRESS	6660 KLONDIKE RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hartbarger, James W JR	
STREET ADDRESS	6910 KLONDIKE RD	
CITY-ST-ZIP	Pensacola, Florida 32526	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hartbarger, Gina M	
STREET ADDRESS	6910 KLONDIKE RD	
CITY-ST-ZIP	Pensacola, Florida 32526	
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:

JAMES W HARTBARGER JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90201 001 \*\*\*\*70.00

763900



DO NOT WRITE IN THIS SPACE

0017891

CR2E037 (10/00)

334-

April 25, 2001 980-6114

Daytime Phone #