FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 09, 2000 8:00 am Secretary of State DOCUMENT # **N9900007600** 05-09-2000 90039 028 ****70.00 PRITCHETT MILL HUNTING CLUB, INC. Principal Place of Business Mailing Address 461 ELSIE DAVIS ROAD **461 ELSIE DAVIS ROAD** CENTURY FL 32535 CENTURY FL 32535 A0057394 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Zip Country \$8.75 Additional Country 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) MACKS, SAMUEL O **461 ELSIE DAVIS ROAD** CENTURY FL 32535 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25		9, Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Department of State		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Samuel O. M 4/el Elsie D	racils savis Rd 32535	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	I TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel B. M 581 Tedder		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chersi mac Hul Elsie Di Mentury FL	K5 wis Rd 32635	. Change	, . Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy Mack 581 Tedder Centur Fl	s Rd	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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:

MALREQUISAMUEL O. MACKS 4-24-2000 850356-3758