2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P00000060559 DOCUMENT

1. Entity Name

TREASURE COAST HUNTING AND FISHING CLUB. INC.



05-05-2003 91406 005 ***150.00

Mailing Address 5000 LEIGHTON FARMS AVE Principal Place of Business 5000 LEIGHTON FARMS AVE いいいましょい PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1035060 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACOBS, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 5000 LEIGHTON FARMS AVE PALM CITY FL 34990 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and tyle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Change TITLE ☐ Delete FUSSELL, MAJOR C NAME NAME 10821 NORTH MILITARY TRAIL APT 5 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE JACOBS, WILLIAM H NAME NAME 5000 LEIGHTON FARMS AVE STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE . Change TITLE _ 🔲 Delete NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

May 05, 2003 8:00 am Secretary of State

FILED

SIGNATURE:

SIGNATURE AND TYPED OR PRINT