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FILED
May 30, 2002 8:00 am
Secretary of State

04-23-2002 90321 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082858

1. Entity Name

Broom Sage Hunting Preserve, Inc.

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[redacted]

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2. Principal Place of Business		3. Mailing Address	
County Rd 108 West		P.O. Box 1219	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Callahan, FL		City & State: Callahan, FL	
Zip: 32011	Country: USA	Zip: 32011	Country: USA

4. FEI Number: 59-3669729 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Williams, Thomas E

Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 1219~~ 5369 River Road

City: ~~Callahan~~ Hilliard FL Zip Code 32036

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	Williams, Thomas	NAME	
STREET ADDRESS	P.O. Box 1219	STREET ADDRESS	
CITY-ST-ZIP	Callahan, FL 32011	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Foreacker, Melvin	NAME	
STREET ADDRESS	6416 Braddock Road	STREET ADDRESS	
CITY-ST-ZIP	Callahan, FL 32011	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Melvin Foreacker — 4/10/02 — 904-879-3193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #