## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100069529  1. Entity Name  PENSACOLA HUNTING CLUB, INC.								Secretary of State 01-28-2002 90035 028 ***150.00						
Principal Place 224 EAST GO PENSACOLA	OVERNMENT S		Mailing Address PO BOX 13145 PENSACOLA FL 32591-0249											
2. Principal F			3. Mailing Address							alii eenii eeni		H 11110 1011 1661	!	
Suite, Apt.		tric, Inc.	Same as above Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
224 E. (		ent St.	City & State				4 SELN	lumb or		<del></del>	· · · · · · · · · · · · · · · · · · ·	Applied For	_	
Pensacol			Ony a State				4. FEI Number         Applied For           59-3735349         Not Applicable							
Zip Country 32501 USA			Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required								
	6. Name	and Address of Current I	legistered Agent Name				7. Name and Address of New Registered Agent							
ADJUST AND														
	JOHNNY L	IENT ST.		Street A	Street Address (P.O. Box Number is Not Acceptable)									
PENSACO	)LA FL 325	OTAL POR					٠.					$\exists$		
·	13 13 13 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	synthia see it.			City				FL	· Zip Co	ode	7		
8. The above	named entity	submits this statement for	the purpose of changing it	ts registere	L ed office o	r registered	d agent,	or both, in th	e State of F		<u>'                                    </u>		$\dashv$	
SIGNATURE	Jun	profinted name of insistered agent a	Jol	nnn <b>y</b> 2G	<u>ri</u> ffi:	n Vice	-Pre	sident		01-17-( DATE	)2			
Tax filing		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550  Make Check Payable to Department o			550.00	- 1 -	<b>0.</b> Election C Trust Fund	ampaign Fi TContributi		\$ <b>5.</b> Add	.00 May Be ed to Fees		
11.		OFFICERS AND I	DIRECTORS	12.				ONS/CHANG	SES TO OF	FICERS AND	DIRECTO	RS IN 11	ゴ	
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STREET ADDRESS	TADDRESS 224 EAST GOVERNMENT ST. ST-ZIP PENSACOLA FL 32501				ET ADDRESS -ST-ZIP	224 E. Gov							Ì	
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NAME AUST OC STREET ADDRESS	45279450. S	i.	21 8 TO 2 1 A	NAME STRE	ET ADDRESS									
CITY-ST-ZIP	!				ST-ZIP									
indicated	on this repor	information supplied with t or supplemental report is erreceiver or trustee empor chinent with amaddless, w	true and accurate and that wered to execute this repoi ith all other like empowered	my signat rt as requir d.	ure shall h red by Cha	ave the sar apter 607, F	me legal	effect as if m	nade under	oath: that I a	ım an office	er or director	f	
SIGNAT	URE	WWW.WAT	RY-PEQUI	John	ny Gri	iffin		01-	17-02	(850	429-	0455		

J.

Daytirr e Phone #