

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90094 047 \*\*\*\*61.25

**DOCUMENT # P36026**

1. Entity Name

**QUAIL UNLIMITED, INC.**

Principal Place of Business

Mailing Address

31 QUAIL RUN  
 EDGEFIELD SC 29824  
 US

P O BOX 610  
 EDGFIELD SC 29824-0610  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-1463756**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITT, HERMAN  
 6324 ALVARADO RD  
 PENSACOLA FL 32504

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **MOGHEE, STEVE**  
 STREET ADDRESS **100 PATERSON CIR**  
 CITY-ST-ZIP **OLIVER SPRINGS TN**

TITLE ☐ Change ☒ Addition  
 NAME **Bobby Drain**  
 STREET ADDRESS **111 Rickman Industrial Drive**  
 CITY-ST-ZIP **Holly Springs, GA 30142**

TITLE **VD** ☐ Delete  
 NAME **EVANS, JOSEPH R.**  
 STREET ADDRESS **3012 SUSSEX ROAD**  
 CITY-ST-ZIP **AUGUSTA GA**

TITLE ☐ Change ☒ Addition  
 NAME **Harold Knight**  
 STREET ADDRESS **201 Deer Run Road**  
 CITY-ST-ZIP **Cadiz, KY 42211**

TITLE **STD** ☒ Delete  
 NAME **HENRY, KEITH**  
 STREET ADDRESS **4420 SKYLAND DR., N.E.**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ Change ☒ Addition  
 NAME **Secretary**  
 NAME **Maft Chilcutt**  
 STREET ADDRESS **9301 Cedar Lake Avenue**  
 CITY-ST-ZIP **Oklahoma City, OK 73114**

TITLE **D** ☒ Delete  
 NAME **HARRIS, LOUIS C.**  
 STREET ADDRESS **628 CARLTON DRIVE**  
 CITY-ST-ZIP **AUGUSTA GA**

TITLE ☐ Change ☒ Addition  
 NAME **Gus Bader**  
 STREET ADDRESS **2607 NE Industrial Drive**  
 CITY-ST-ZIP **N. Kansas City, MO 64117**

TITLE **PCD** ☐ Delete  
 NAME **THOMPSON, WILLIAM C T**  
 STREET ADDRESS **12TH AND MAIN**  
 CITY-ST-ZIP **MONROE CITY IN 47557**

TITLE ☒ Change ☐ Addition  
 NAME **Treasurer**  
 NAME **William C. Thompson**  
 STREET ADDRESS **12th and Main**  
 CITY-ST-ZIP **Monroe City, IN 47557**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Bob Bryant**  
 STREET ADDRESS **333 Fowler Road**  
 CITY-ST-ZIP **Beech Bluff, TN 38313**

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:** *Joseph R. Evans*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Joseph R. Evans**  
 Date **4/13/00** Daytime Phone # **803/637-5231**