

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90178 030 ****61.25

DOCUMENT # P36026

1. Entity Name

QUAIL UNLIMITED, INC.



Principal Place of Business

**31 QUAIL RUN
EDGEFIELD SC 29824
US**

Mailing Address

**P O BOX 610
EDGEFIELD SC 29824
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1463756**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **CHILCUTT, MATT**
STREET ADDRESS **9301 CEDAR LAKE AVE**
CITY-ST-ZIP **OKLAHOMA CITY OK 73114**

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

TITLE **D** ☐ Delete
NAME **BADER, GUS**
STREET ADDRESS **2607 NE INDUSTRIAL DRIVE**
CITY-ST-ZIP **N KANSAS CITY MO 64117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Admn. Vice Pres.**
STREET ADDRESS **Jerry W. Allen**
CITY-ST-ZIP **1884 Highway 23 West
Edgefield, SC 29824**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RED

4/15/03

803/637-5231

CR2E037 (10/02)