

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90099 031 \*\*\*150.00

**DOCUMENT #****1. Entity Name****BUTLER BAY HUNTING CLUB, INC.****Principal Place of Business****Mailing Address****20200 SR 228W****JACKSONVILLE, FL. 32234****2. Principal Place of Business****20200 SR 228W**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****JAX., FL.****City & State****4. FEI Number****59-3457111****Applied For****Not Applicable****Zip****Country****Zip****Country****32234****USA****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****GERALD R. TAYLOR****20073 SR 228W****JACKSONVILLE, FL. 32234****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****4-27-00****9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and elects to do so.

(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2000 Fee will be \$550.00****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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRES/DIRECTOR</b> <b>GERALD R. TAYLOR</b> <b>20073 SR 228W</b> <b>JAX., FL. 32234</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY/DIRECTOR</b> <b>MARTIN L. HIGDON</b> <b>5476 LONGBRANCH RD.</b> <b>BALDWIN, FL. 32234</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V. PRES/DIRECTOR</b> <b>VINCENT R. TAYLOR</b> <b>20197 SR 228W</b> <b>JAX., FL. 32234</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TREASURER/DIRECTOR</b> <b>JEFF HENDRICKS</b> <b>18370 MAIN ST.</b> <b>JAX., FL. 32234</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CHAPLAIN/DIRECTOR</b> <b>RICHARD TANKERSLEY</b> <b>7831 LAVIN RD</b> <b>JAX., FL. 32221</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIRECTOR</b> <b>MACK R. PEEBLES</b> <b>RT. 1 BOX 309</b> <b>BRYCEVILLE, FL. 32009</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Block 12 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

**PRESIDENT****4-27-00**

Date

**(904) 781-3074**

Daytime Phone #

CR2E034 (9/99)