2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State BUTLER BAY HUNTING CLUB, INC. 02-26-2002 90004 050 ***150.00 Principal Place of Business 2020 S.R. 228 W. JACKSONVILLE FL 32234 2. Principal Place of Business Suite, Apt. #, etc. City & Stato Country Zip Country Zip Country Zip Country Scertificate of Status Desired 8.8.75 Additional Fee Required 6. Name and Address of Current Registered Agent TAYLOR; GERALD R 20073 S.R. 228 W JACKSONVILLE FL 32234 City FL Zip City Taylor, GERALD R 20073 S.R. 226 W JACKSONVILLE FL 32234 City FL Zip City Additional FR Sitest Address (P.O. Box Number is Not Accoprable) DATE DATE DATE Address Sitest Controllation DATE Address	2002	2 UNIFO	RM BUSI	NESS REPO	RT	(UBR)		FI 2C 2	LED	00	
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TAYLOR, GERALD R 20073 S.R. 228 W JACKSONVILE FL 32234 City FL Zip Code 6. The above name-cyntity submits this statement of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE— S	6. Name and Address of Current Registered Agent						7.	Name and Address of New Re	gistered Agent	<u>-</u>	
20073 S.R. 228 W JACKSONVILLE FL 32234 C.by C.by FL Zip Code C.by FL Zip Code 8. The above namod unity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNAT Limit	TAM OD COEDALD D					Name	·				
City FL Zip Code						<u>is (P</u> .O. <u>f</u>	Box Number is Not Acceptable				
6. The above namod nitive submits this statement to the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. SIGNATURE—Correspond to the floridation of the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. SIGNATURE—Correspond to the floridation of the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. SIGNATURE—Correspond to the floridation of the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. SIGNATURE—Correspond to the floridation of the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. SIGNATURE—Correspond to the floridation of the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. SIGNATURE—Correspond to the floridation of the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. SIGNATURE—Correspond to the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. SIGNATURE—Correspond to the purpose of changing lits registered diffice or registered agent, or both, in the State of Florida. DATE SIGNATURE—Correspond to the purpose of th					<u> </u>	*41			····	· · · · · · · · · · · · · · · · · · ·	
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CITY-ST-ZIP 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 offset as if made under oath; that I am an officer or director.	TITLE	18370 MAIN S JACKSONVILLE D	Г. <u>:</u> FL 32234	☐ Delete	TITLE	ST-ZIP			☐ Cha	inge Addition	
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SIGNATURE: _s

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR