SENT BY: ; 352 596 2656; APR-

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90062 020 ***150.00

DOCUMENT # P98000054132

1. Entity Name

DIXIE SPORTSMANS HUNTING LODGE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
#1 HIGHWAY 358	POST OFFICE BOX 2631
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CROSS CITY, FL 32628	City & State: CROSS CITY, FL 32628
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3546113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SINGLETARY, DAVID J.

Street Address (P.O. Box Number is Not Acceptable): #1 HIGHWAY 358

City: CROSS CITY FL Zip Code: 32628

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: David J. Singletary Sheila R. Singletary 4/25/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	SINGLETARY, DAVID J.
STREET ADDRESS	#1 HIGHWAY 358
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	S/T
NAME	SINGLETARY, SHEILA R.
STREET ADDRESS	#1 HIGHWAY 358
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David J. Singletary DAVID J. SINGLETARY 4/25/02 352-498-3809

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

Sheila R. Singletary 4/25/02