

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092286

1. Entity Name
Buffalo Creek Hunting Club, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2001 AUG 10 PM 1:59

Principal Place of Business Mailing Address
3175 US1 South #8
St. Augustine, Fl.
32084 same

2. Principal Place of Business 3. Mailing Address
3175 US1 South #8 3175 US1 South #8
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State St. Aug, Fl. City & State St. Aug, Fl.
4. FEI Number Applied For Not Applicable
Zip 32084 Country USA Zip 32084 Country USA
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
K Tommy Bennett
3 60 S. Dixie Hwy.
3 St. Augustine, Fl.
32084 086

7. Name and Address of New Registered Agent
Name Keith P. Hays
Street Address (P.O. Box Number is Not Acceptable)
3175 US1 South #8
City St. Augustine FL Zip Code 32086

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 *K. P. Hays* Keith P. Hays DATE 8/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director Delete <input checked="" type="checkbox"/>	NAME Tommy Bennett STREET ADDRESS 60 S. Dixie Hwy CITY-ST-ZIP St. Aug. Fl. 32084	TITLE Director Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Keith Hays STREET ADDRESS 3175 US1 South #8 CITY-ST-ZIP St. Augustine, Fl. 32086
TITLE Director Delete <input checked="" type="checkbox"/>	NAME Billy Kling STREET ADDRESS 9430 US1 South CITY-ST-ZIP St. Aug. Fl. 32086	TITLE Director Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Joel Kersey STREET ADDRESS 1265-B Co. Rd. 204 CITY-ST-ZIP Hastings, Fl. 32145
TITLE Director Delete <input checked="" type="checkbox"/>	NAME Jeddy Mills STREET ADDRESS 3520 Lewis Speedway CITY-ST-ZIP St. Aug, Fl. 32095	TITLE Director Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Mark Redel Taylor STREET ADDRESS 1665 Woodlawn Rd. CITY-ST-ZIP St. Aug. Fl. 32084
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	TITLE Delete <input type="checkbox"/>	NAME 200004530512-3 STREET ADDRESS -08/13/01--01058--015 CITY-ST-ZIP *****61.25 *****61.25
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	TITLE Delete <input type="checkbox"/>	NAME LFT STREET ADDRESS 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 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: *K. P. Hays* Keith P. Hays DATE 8/8/01 904-669-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)