Daytime Phone #

## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU	MENT # Z006	20		FILED
1. Entity Nam	ne			00 MAY -14 PM 12: 1 1
YEEHAW	JUNCTION HUNT CLUB,	L.C.	,	SECRETARY OF STATE
				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Plac 4600 W. CYPF #200 TAMPA FL 33		Mailing Address P.O. BOX 25277 TAMPA FL 33622-5277		
TAMPA IL 30				
2. Principal P	Place of Business	3. Mailing Address		L HOUR BOURN BORN BOING BRING BRING BROWN BROWN DIEN BROWN BROWN BROWN HOUR HOUR HOUR
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	e	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3132806 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Spice Spi
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
ROSS, JE	RFMY P		Name	
·	ANKLIN ST.		Street Add	dress (P.O. Box Number is Not Acceptable)
tampa fi	L 33602			
_			City	FL Zip Code
8. The above	named entity submits this statement	for the purpose of changing i		FL Zip Code egistered agent, or both, in the State of Florida.
			ts registered office or r	egistered agent, or both, in the State of Florida.
	named entity submits this statement Signature, typed or printed name of registered age			egistered agent, or both, in the State of Florida.
		ent and title if applicable. (NC	ts registered office or r	egistered agent, or both, in the State of Florida.  required when reinstating)  DATE
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NC FILE Make Check F	ts registered office or notes that the second signature NOW!!! FEE IS \$5	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE  0.00  Lent of State
	Signature, typed or printed name of registered age  MANAGING MEN	ent and title if applicable. (NC	ts registered office or n  OTE: Registered Agent signature	egistered agent, or both, in the State of Florida.  required when reinstating)  DATE
SIGNATURE .  9.  TITLE	Signature, typed or printed name of registered age  MANAGING MEN  MEM  BALDWIN, LOWRY	FILE Make Check P	ts registered office or notes that the second secon	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE  O.00  Pent of State  ADDITIONS/CHANGES
SIGNATURE	Signature, typed or printed name of registered age  MANAGING MEN  MEM  BALDWIN, LOWRY  3211 FAIR OAKS AVE.  TAMPA FL	FILE Make Check P	Is registered office or notes a registered Agent signature  NOW!!! FEE IS \$5 Payable to Departm  10.  TITLE  NAME	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE  O.00  Lent of State  ADDITIONS/CHANGES  Change Additton
9. TITLE STREET ADDRESS CITY-ST-ZIP	MANAGING MEN MEM BALDWIN, LOWRY 3211 FAIR OAKS AVE. TAMPA FL	FILE Make Check P	NOW!!! FEE IS \$5 Payable to Department of the NAME STREET ADDRESS CITY-\$1-ZIP	egistered agent, or both, in the State of Florida.  Prequired when reinstating)  DATE  O.00  Pent of State  ADDITIONS/CHANGES
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