

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90061 025 \*\*\*\*70.00

**DOCUMENT # 719177**

1. Entity Name

**LAVILLA SPORTSMAN CLUB, INC.**

Principal Place of Business

Mailing Address

7977 NEW KINGS ROAD  
 JACKSONVILLE FL 32219  
 US

7977 NEW KINGS ROAD  
 JACKSONVILLE FL 32219-3630  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7079033**

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WILLIAMS, ROWLAND V**  
**VENCIENT'S BUS. SRVS**  
**6325 ARLINGTON RD**  
**JACKSONVILLE FL 32211**

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



**ROWLAND V. WILLIAMS**

*04-28-00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MITCHELL, WILLIE C</b> <b>2754 DELLWOOD AVE.</b> <b>JACKSONVILLE FL 32205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BROWN, WILLIE JR</b> <b>8005 TARLING AVE</b> <b>JACKSONVILLE FL 32219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SELLERS, HENRY</b> <b>1507 N CARBORDALE DR</b> <b>JACKSONVILLE FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <b>RILEY, JOHN</b> <b>4611 CLYDE DR.</b> <b>JACKSONVILLE FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BELL, GEORGE</b> <b>3308 RIBAUT SCENIC DR.</b> <b>JACKSONVILLE FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JEWELL, JAMES</b> <b>8755 FOURTH AVE.</b> <b>JACKSONVILLE FL 32208</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>VP</b> <b>MOSES JONES Jr.</b> <b>6738 RHONE DRIVE</b> <b>JACKSONVILLE FL 32208</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Henry Sellers*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**- HENRY SELLERS 04-28-00 704-924-3049**

CR2E037 (9/99)