

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90074 005 ****61.25

DOCUMENT # 763454

1. Entity Name

WALTON BRAVES SPORTS CLUB, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 477 SOUTH 11TH ST DEFUNIAK SPRINGS FL 32433 US	Mailing Address 477 SOUTH 11TH ST DEFUNIAK SPRINGS FL 32433-2619 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 530 MAGNOLIA LAKE DR.	Suite, Apt. #, etc. 530 MAGNOLIA LAKE DR.
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City & State DeFuniak Spgs. FL	City & State DeFuniak Springs FL.
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4. FEI Number 59-2237231	Applied For <input type="checkbox"/> Not Applicable
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Zip 32433	Country U.S.	Zip 32433	Country U.S.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JACKSON, KENNETH M 477 SOUTH 11TH ST - DEFUNIAK SPGS FL 32433

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 530 MAGNOLIA LAKE DR. City DeFuniak Spgs. FL Zip Code 32433

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 Kenneth M. Jackson Treasurer/Director DATE 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, KENNETH M. 477 SOUTH 11TH ST DEFUNIAK SPRGS, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLCOX, DANNY 1019 WALTON RD. DEFUNIAK SPGS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, DONNA 477 S 11TH ST DEFUNIAK SPGS FL 32433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLCOX, LYNETTE 1019 WALTON RD DEFUNIAK SPGS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXLEY, JANET 1607 DAN PADGETT ROAD WESTVILLE FL 32464 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURRIE, NANCY 6381 C HWY 1084 W DEFUNIAK SPRGS FL 32433 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 530 Magnolia Lake Dr. DeFuniak Spgs. FL. 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Currid, Phillip 15108 State Hwy 83 DeFuniak Spgs. FL. 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD 530 MAGNOLIA LAKE DR. DeFuniak Spgs. FL. 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD HERRING, Jackie 1638 Co. Hwy 1084 DeFuniak Spgs. FL. 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Currid, Janet 15108 State Hwy 83 DeFuniak Spgs. FL. 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 6381 C HWY 1084 W DEFUNIAK SPRGS FL 32433

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: Kenneth M. Jackson DATE 4/25/00 (850) 892-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)