

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766733

1. Entity Name

MILL SWAMP STILL HUNTING CLUB, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90068 038 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business P O BOX 1536 109 BARBER AVENUE CROSS CITY FL 32628-1536 US	Mailing Address P O BOX 1536 109 BARBER AVENUE CROSS CITY FL 32628-1536 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2627042	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	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

MCINNIS, FRANKLIN D
PO BX HORSE SHOE RD
CROSS CITY FL 32628

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	P <input type="checkbox"/> Delete
NAME	MCINNIS, FRANKLIN D
STREET ADDRESS	PO BX 2022 HORSE SHOE RD
CITY-ST-ZIP	CROSS CITY FL 32628
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	MCINNIS, FRANKLIN D.
STREET ADDRESS	HORSESHOE ROAD
CITY-ST-ZIP	CROSS CITY FL
TITLE	ST <input type="checkbox"/> Delete
NAME	BARBER, MARTIN C
STREET ADDRESS	P.O. BOX 1146 N/A
CITY-ST-ZIP	CROSS CITY, FL 00000
TITLE	D <input type="checkbox"/> Delete
NAME	FUTCH, RONNIE
STREET ADDRESS	P.O. BOX 1603 VALENTINE ROAD
CITY-ST-ZIP	CROSS CITY FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HORNE, WAYNE
STREET ADDRESS	25401 TRADE W DRIVE
CITY-ST-ZIP	LAND-O-LAKES FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LILES, JARRETT
STREET ADDRESS	P.O. BOX 340 HORSESHOE ROAD
CITY-ST-ZIP	CROSS CITY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY W. UNDERHILL
STREET ADDRESS	SHAWANNEE LUMBER ROAD
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	32628
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	32628
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, KENT
STREET ADDRESS	CEDAR STREET
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, Bobby
STREET ADDRESS	SHAWANNEE LUMBER ROAD
CITY-ST-ZIP	CROSS CITY, FL 32628

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 Martin C Barber **MARTIN C BARBER** 1/25/00 (352) 498-3165
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)