

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90061 039 ****61.25

DOCUMENT # 766733

1. Entity Name

MILL SWAMP STILL HUNTING CLUB, INC.

00036262



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		4. FEI Number 59-2627042		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name JARRETT H LILES JR			
				Street Address (P.O. Box Number is Not Acceptable) HORSE SHOE RD POB 340			
				City CROSS CITY		FL 32628	

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 JARRETT H LILES JR Street Address (P.O. Box Number is Not Acceptable) HORSE SHOE RD POB 340 City CROSS CITY FL 32628			
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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: *Janett H Liles Jr* (NOTE: Registered Agent signature required when reinstating) DATE: **3/19/01**

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, FRANKLIN D		NAME	JARRETT H LILES JR	
STREET ADDRESS	PO BX 2022 HORSE SHOE RD		STREET ADDRESS	PO BOX 340 HORSE SHOE RD	
CITY-ST-ZIP	CROSS CITY FL 32628		CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERHILL, LARRY W		NAME		
STREET ADDRESS	SUWANNEE LUMBER RD		STREET ADDRESS		
CITY-ST-ZIP	CROSS CITY FL 32628		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, MARTIN C		NAME		
STREET ADDRESS	P.O. BOX 1146 N/A		STREET ADDRESS		
CITY-ST-ZIP	CROSS CITY FL 32628		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUTCH, RONNIE		NAME	STANLEY CARRIER	
STREET ADDRESS	P.O. BOX 1603 VALENTINE ROAD		STREET ADDRESS	RT 2 Box 442	
CITY-ST-ZIP	CROSS CITY FL 32628		CITY-ST-ZIP	MICANOPY, FL 32667	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, KENT		NAME	ARTHUR WYCOFF	
STREET ADDRESS	CEDAR ST		STREET ADDRESS	PO BOX 2607 CEDAR STREET	
CITY-ST-ZIP	CROSS CITY FL 32628		CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, BOBBY		NAME		
STREET ADDRESS	SUWANNEE LUMBER RD		STREET ADDRESS		
CITY-ST-ZIP	CROSS CITY FL 32628		CITY-ST-ZIP		

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* DATE: **3/19/01** DAYTIME PHONE #: **352 498-3165**

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CR2E037 (10/00)