


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90184 007 ****61.25

DOCUMENT # 766733

1. Entity Name
MILL SWAMP STILL HUNTING CLUB, INC.



Principal Place of Business Mailing Address

P O BOX 1536 P O BOX 1536
109 BARBER AVENUE 109 BARBER AVENUE
CROSS CITY FL 32628-1536 CROSS CITY FL 32628-1536
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2627042** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LILES JR, JARRETT H
PO BX 340 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LILES JR., JARRETT H	
STREET ADDRESS	PO BOX 340 HORSE SHOE RD	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	V	<input type="checkbox"/> Delete
NAME	UNDERHILL, LARRY W	
STREET ADDRESS	SUWANNEE LUMBER RD	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARBER, MARTIN C	
STREET ADDRESS	P.O. BOX 1146 N/A	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRIER, STANLEY	
STREET ADDRESS	RT 2 BOX 442	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYCOFF, ARTHUR	
STREET ADDRESS	PO BOX 2607 CEDAR STREET	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, BOBBY	
STREET ADDRESS	SUWANNEE LUMBER RD	
CITY-ST-ZIP	CROSS CITY FL 32628	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME	D	
STREET ADDRESS	AL CRISE	
CITY-ST-ZIP	HC 4 BOX 35	
	OLD TOWN, FL 32680	

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 3/24/03** (352) 498-3165

CR2E037 (10/02)