

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N16390

FILED  
Jan 27, 2003  
Secretary of State

Entity Name: POND CREEK HUNTING CLUB, INC.

**Current Principal Place of Business:**

C/O DAVID HART  
5755 ALLENTOWN ROAD  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID HART  
5755 ALLENTOWN ROAD  
MILTON, FL 32570 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HART, DAVID  
5755 ALLENTOWN ROAD  
MILTON, FL 32570

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HART, DAVID  
Address: 5755 ALLENTOWN RD  
City-St-Zip: MILTON, FL 32570

Title: VPD ( ) Delete  
Name: JONES, A.L.  
Address: 9191 HWY 89  
City-St-Zip: MILTON, FL 32570

Title: STD ( ) Delete  
Name: BOWMAN, JULIAN D  
Address: 5676 TREVINO DRIVE  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: SALTER, DICK  
Address: 8907 CHUMUCKLA HIGHWAY  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: PRIDGEN, PHIL  
Address: 5631 FIRESTONE DR  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: WARD, JIMMY  
Address: 5550 CALVARY CHURCH RD  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ELLISON, BEN  
Address: 3055 CHIPPEWA LANE  
City-St-Zip: MILTON, FL 32570

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN ELLISON

D

01/27/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date