

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90152 018 ****70.00

DOCUMENT # N35323

1. Entity Name

OCHESSEE SPORTSMAN CLUB, INC. *P*

Principal Place of Business

RT 2 BOX 733R - COUNTY ROAD 194
 BLOUNTSTOWN FL 32424

Mailing Address

RT 2 BOX 733R - COUNTY ROAD 194
 BLOUNTSTOWN FL 32424

2. Principal Place of Business

18522 NE BE Barfield Rd

3. Mailing Address

18522 NE BE Barfield Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altha FL

City & State

Altha FL

Zip

32421

Country

Calhoun

Zip

32421

Country

Calhoun

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0077100



6. Name and Address of Current Registered Agent

BARFIELD, BENNY E.
 RT. 2, BOX 733R
 COUNTY ROAD 194
 BLOUNTSTOWN FL 32424

change of address only

7. Name and Address of New Registered Agent

Name: Benny E Barfield

Street Address (P.O. Box Number is Not Acceptable): 18522 NE BE Barfield Rd

City: Altha

FL

Zip Code: 32421

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
D	MOLTON, LAMAR	2102 RIVER RD	SNEADS FL	<input type="checkbox"/>
D	BARFIELD, JARROD	RT. 2, BOX 733R COUNTY ROAD 194	BLOUNTSTOWN FL	<input type="checkbox"/>
D	MCCLAMMA, WADE	114 MIDDLE RUN DR	SNEADS FL	<input type="checkbox"/>
D	TRICKEY, ALLEN	HWY 274W	ALTHA FL	<input type="checkbox"/>
D	HOLLIS, BENNIE	P.O. BOX 418, HWY. 71S	ALTHA FL 32421	<input type="checkbox"/>
D	BARFIELD, BENNY	RT. 2, BOX 733R COUNTY RD 194	BLOUNTSTOWN FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Benny Barfield	18522 NE BE Barfield Rd	Altha FL 32421	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Benny Barfield*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00
 Date

850-762-4863
 Daytime Phone #

CR2E037 (5/00)