

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90003 014 \*\*\*\*70.00

0002195

**DOCUMENT # N35323**

1. Entity Name

**OCHEESSEE SPORTSMAN CLUB, INC.**

*(Handwritten initials)*

Principal Place of Business

Mailing Address

**18522 NE BE BARFIELD RD  
 ALTHA FL 32421**

**18522 NE BE BARFIELD RD  
 ALTHA FL 32421**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARFIELD, BENNY E.  
 18522 NE BE BARFIELD RD  
 ALTHA FL 32421**

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

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 12, 2001, 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

Delete

**D  
 NAME: MOLTON, LAMAR  
 STREET ADDRESS: 2102 RIVER RD  
 CITY-ST-ZIP: SNEADS FL**

**D  
 NAME: BARFIELD, JARROD  
 STREET ADDRESS: RT. 2, BOX 799R COUNTY ROAD 194  
 CITY-ST-ZIP: BOUNTSTOWN FL**

**D  
 NAME: MCCLAMMA, WADE  
 STREET ADDRESS: 114 MIDDLE RUN DR  
 CITY-ST-ZIP: SNEADS FL**

**D  
 NAME: TRICKEY, ALLEN  
 STREET ADDRESS: HWY 274W  
 CITY-ST-ZIP: ALTHA FL**

**D  
 NAME: HOLLIS, BENNIE  
 STREET ADDRESS: P.O. BOX 418, HWY. 71S  
 CITY-ST-ZIP: ALTHA FL 32421**

**D  
 NAME: BARFIELD, BENNY  
 STREET ADDRESS: 18522 NE BE BARFIELD RD  
 CITY-ST-ZIP: ALTHA FL 32421**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

**Jarrod Barfield**  Change  Addition  
**21103 NE Macedonia Rd**  
**Blountstown FL 32424**

CR2E037 (5/01)

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: *(Handwritten Signature)* 8-A-01 850-762-4863