

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 28, 2002 8:00 am**  
**Secretary of State**

08-28-2002 90037 030 \*\*\*\*70.00

**DOCUMENT # N35323**

1. Entity Name  
**OCHESSEE SPORTSMAN CLUB, INC.**

Principal Place of Business      Mailing Address  
**18522 NE BE BARFIELD RD**      **18522 NE BE BARFIELD RD**  
**ALTHA FL 32421**                      **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      Applied For  
**NOT APPLICABLE**      Not Applicable

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

**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 \_\_\_\_\_ (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 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOLTON, LAMAR</b>	
STREET ADDRESS	<b>2102 RIVER RD</b>	
CITY-ST-ZIP	<b>SNEADS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARFIELD, JARROD</b>	
STREET ADDRESS	<b>21103 NE MACEDONIA ROAD</b>	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLAMMA, WADE</b>	
STREET ADDRESS	<b>114 MIDDLE RUN DR</b>	
CITY-ST-ZIP	<b>SNEADS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRICKEY, ALLEN</b>	
STREET ADDRESS	<b>HWY 274W</b>	
CITY-ST-ZIP	<b>ALTHA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLIS, BENNIE</b>	
STREET ADDRESS	<b>P.O. BOX 418, HWY. 71S</b>	
CITY-ST-ZIP	<b>ALTHA FL 32421</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARFIELD, BENNY</b>	
STREET ADDRESS	<b>18522 NE BE BARFIELD RD</b>	
CITY-ST-ZIP	<b>ALTHA FL 32421</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Benny Barfield*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/02  
 Date

Daytime Phone #

CR2E037 (9/01)