

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90127 031 \*\*\*\*61.25

**DOCUMENT # N93000003561**

1. Entity Name  
**NEW HARMONY SPORTSMAN'S CLUB, INC.**

Principal Place of Business      Mailing Address

~~4138 PAINTER BR RD -~~      ~~4138 PAINTER BR RD -~~  
**CRESTVIEW FL 32539**      **CRESTVIEW FL 32539 9772**  
~~US~~      ~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**6690 Hwy 393**      **6690 Hwy 393**

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

City & State      City & State

**Crestview Fl**      **Crestview Fl**

Zip      Country      Zip      Country

**32539**      **US**      **32539**      **US**

4. FEI Number      Applied For

**59-2842470**       Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, RANDY**  
**202 HALL HUNT CIR**  
**DEFUNIAK SPGS FL 32433**

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.

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	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DONELL FICKLIN</b>
STREET ADDRESS	<b>1006 ST HWY 85</b>
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WEEKLEY, JERRY</b>
STREET ADDRESS	<b>4138 PAINTER BRANCH RD</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GLENN CUMBIE</b>
STREET ADDRESS	<b>ANDY NOLING RD</b>
CITY-ST-ZIP	<b>DEFUNIAK SPRGS FL 32433</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOBBS, CLARENCE</b>
STREET ADDRESS	<b>891 NEW HARMONY LP</b>
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>HALL, RANDY</b>
STREET ADDRESS	<b>202 HALL HUNT CIR</b>
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>REEVES, JAMES</b>
STREET ADDRESS	<b>8133 EIGHT ST.</b>
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEO CRAIN II</b>
STREET ADDRESS	<b>4568 Yellow Bluff Rd</b>
CITY-ST-ZIP	<b>CRESTVIEW FLA. 32539</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Taylor CRAIN</b>
STREET ADDRESS	<b>6690 Hwy 393</b>
CITY-ST-ZIP	<b>CRESTVIEW FLA 32539</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARENCE Hobbs</b>
STREET ADDRESS	<b>891 NEW HARMONY LP</b>
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FLA 32433</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDY HALL</b>
STREET ADDRESS	<b>202 Hall Hunt Cir.</b>
CITY-ST-ZIP	<b>Defuniak Springs FLA 32433</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERROL CRAIN</b>
STREET ADDRESS	<b>593 LONG ST</b>
CITY-ST-ZIP	<b>CRESTVIEW FLA 32539</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Glenn Cumbie</b>
STREET ADDRESS	<b>Andy Noling Rd.</b>
CITY-ST-ZIP	<b>Defuniak Springs FLA 32433</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leo Crain II      **Leo Crain II**      Date: **5/7/00**      Daytime Phone #: **(850) 682-6993**

CR2E037 (9/99)