

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

0018257

**DOCUMENT # N93000003561**

1. Entity Name

**NEW HARMONY SPORTSMAN'S CLUB, INC.**

04-07-2001 90010 016 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4138 PAINTER BR RD  
 CRESTVIEW FL 32539  
 US

4138 PAINTER BR RD  
 CRESTVIEW FL 32539  
 US

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4568 Yellow Bluff Rd.

4568 Yellow Bluff Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crestview, FL

Crestview, FL

4. FEI Number

59-2842470

Applied For

Not Applicable

Zip

Country

Zip

Country

32539 Okaloosa

32539 Okaloosa

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

HALL, RANDY  
 202 HALL HUNT CIR  
 DEFUNIAK SPGS FL 32433

Name Leo Crain II

Street Address (P.O. Box Number is Not Acceptable)  
 4568 Yellow Bluff Rd.

City Crestview

FL

Zip Code 32539

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 *Leo Crain II*

Leo Crain II

4/2/01

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**

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

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leo Crain II	
STREET ADDRESS	4568 Yellow Bluff Rd.	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Errol Crain	
STREET ADDRESS	6244 Hwy 373	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor Crain	
STREET ADDRESS	6690 Hwy 393	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Mulcahy	
STREET ADDRESS	6301 Lake Ella Rd.	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilbur Hunt	
STREET ADDRESS	230 New Harmony Loop	
CITY-ST-ZIP	Defuniak Springs, FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luke Mitchell	
STREET ADDRESS	98 Red Holly Rd.	
CITY-ST-ZIP	Defuniak Springs, FL 32433	

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 employees.

SIGNATURE: *Leo Crain II*

4/2/01

8506826993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)