

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90090 018 ****70.00

DOCUMENT # N98000001798

1. Entity Name

THOMAS CREEK SPORTSMAN'S CLUB, INC.

Principal Place of Business

**2817 TEN MILE ROAD
 PACE FL 32571**

Mailing Address

**2817 TEN MILE ROAD
 PACE FL 32571**

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

20-5899112

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

B0012233



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LACOSTE, S. SCOTT
 2817 TEN MILE ROAD
 PACE FL 32571**

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**

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 | TIDWELL, MARION O |
| STREET ADDRESS | 8093 CHUMUCKLA HIGHWAY |
| CITY-ST-ZIP | PACE FL 32571 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LACOSTE, S. SCOTT |
| STREET ADDRESS | 2817 TEN MILE ROAD |
| CITY-ST-ZIP | PACE FL 32571 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | HOWELL, LAVERNE |
| STREET ADDRESS | 8849 GIN ROAD |
| CITY-ST-ZIP | PACE FL 32571 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | HOWELL, STEPHEN |
| STREET ADDRESS | 8427 GIN ROAD |
| CITY-ST-ZIP | PACE FL 32571 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CARNLEY, ANDREW |
| STREET ADDRESS | 2608 HWY 182 |
| CITY-ST-ZIP | PACE FL 32571 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| 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 | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D Jimmy Boyett |
| STREET ADDRESS | 2817 Ten mile rd |
| CITY-ST-ZIP | PACE FL 32571 |
| 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 | |
| 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)(1), 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:

NO SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01

Date

850-994-7373

Daytime Phone #

CR2E037 (10/00)