

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90056 024 ****70.00

DOCUMENT # N98000001798

1. Entity Name

THOMAS CREEK SPORTSMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

2817 TEN MILE ROAD
 PACE FL 32571

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

4. FEI Number

20-5899112

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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: Delete
 NAME: **TIDWELL, MARION O**
 STREET ADDRESS: **8093 CHUMUCKLA HIGHWAY**
 CITY-ST-ZIP: **PACE FL 32571**

TITLE: Change Addition
 NAME: **Treasurer Pittman, E. Bradford**
 STREET ADDRESS: **107 Beverly Hwy.**
 CITY-ST-ZIP: **Pensacola FL 32505**

TITLE: Delete
 NAME: **LACOSTE, S. SCOTT**
 STREET ADDRESS: **2817 TEN MILE ROAD**
 CITY-ST-ZIP: **PACE FL 32571**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **BOYETT, JIMMY**
 STREET ADDRESS: **2820 TEN MILE RD**
 CITY-ST-ZIP: **PACE FL 32571**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **CARNLEY, ANDREW**
 STREET ADDRESS: **2608 HWY 182**
 CITY-ST-ZIP: **PACE FL 32571**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01 850-994-8450
 Date Daytime Phone #

CR2E037 (9/01)