

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90142 029 \*\*\*\*70.00

**DOCUMENT # N98000001798**



1. Entity Name  
**THOMAS CREEK SPORTSMAN'S CLUB, INC.**

**22000422**



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>2817 TEN MILE ROAD PACE FL 32571</b>	Mailing Address <b>2817 TEN MILE ROAD PACE FL 32571</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>20-5899112</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S. Scott Lacoste* DATE 1-31-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TIDWELL, MARION O</b>	
STREET ADDRESS	<b>8093 CHUMUCKLA HIGHWAY</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LACOSTE, S. SCOTT</b>	
STREET ADDRESS	<b>2817 TEN MILE ROAD</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOYETT, JIMMY</b>	
STREET ADDRESS	<b>2820 TEN MILE RD</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BRADFORD, PITTMAN E</b>	
STREET ADDRESS	<b>107 BEVERLY PKWY.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 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)(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**

1-31-03

850-255-8450

CR2E037 (10/02)