

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701959

1. Entity Name

JACKSON COUNTY SPORTSMENS' CLUB, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90112 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3572 HWY 69  
GRAND RIDGE FL 32442  
US

3572 HWY 69  
GRAND RIDGE FL 32442-4262  
US

80012962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2869528

Applied For

Not Applicable

Zip

Country

Zip

Country

32460

USA

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

NEEL, JERRY  
3572 HWY 69  
GRANDRIDGE FL 32442

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 PD ☐ Delete  
NAME NEEL, JERRY  
STREET ADDRESS 3572 HWY 69  
CITY-ST-ZIP GRAND RIDGE FL 32442

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

TITLE SD ☐ Delete  
NAME PORTER, JOHNNY M  
STREET ADDRESS 2151 WALDEN RD  
CITY-ST-ZIP SNEADS FL 32460

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

TITLE T ☐ Delete  
NAME BARRY, ERNEST  
STREET ADDRESS 6986 PEACOCK LANE  
CITY-ST-ZIP GRAND RIDGE FL

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

TITLE VD ☒ Delete  
NAME LEIGH, RONALD  
STREET ADDRESS 7062 NOBLES RD  
CITY-ST-ZIP GRAND RIDGE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME ARNOLD, TIMMY  
STREET ADDRESS RIVER ROAD  
CITY-ST-ZIP SNEADS FL 32460

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

Date

Daytime Phone #

1/30/2000 (850) 592-4431

CR2E037 (9/99)