

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 701959

1. Entity Name

JACKSON COUNTY SPORTSMENS' CLUB, INC.

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

PO Box 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sneads FL

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	NEEL, JERRY	3572 HWY 69	GRAND RIDGE FL 32442	<input type="checkbox"/>
SD	PORTER, JOHNNY M	2151 WALDEN RD	SNEADS FL 32460	<input type="checkbox"/>
T	BARRY, ERNEST	6986 PEACOCK LANE	GRAND RIDGE FL	<input type="checkbox"/>
VD	LEIGH, RONALD	7062 NOBLES RD	GRAND RIDGE FL	<input checked="" type="checkbox"/>
VD	ARNOLD, TIMMY	RIVER ROAD	SNEADS FL 32460	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Treasurer	Travis Howell	4128 Park Place	Marianna FL 32446	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	Michael Baxter	2712 Sand Ridge Church Rd	Sneads FL 32460	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1/30/2000 (450) 592-4431
 Date Daytime Phone #

CR2E037 (9/99)