

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 701959

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: JACKSON COUNTY SPORTSMENS' CLUB, INC.

Current Principal Place of Business:

RIVER ROAD 2073
SNEADS, FL 32460 US

New Principal Place of Business:

Current Mailing Address:

RIVER ROAD 2073
SNEADS, FL 32460 US

New Mailing Address:

FEI Number: 59-2869528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, TIM
RIVER ROAD 2073
SNEADS, FL 32460

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARNOLD, TIM
Address: 2073 RIVER ROAD
City-St-Zip: SNEADS, FL 32460

Title: PED () Delete
Name: MCDANIEL, GARY
Address: 7606 HIGHWAY 90
City-St-Zip: SNEADS, FL 32460

Title: VPD () Delete
Name: BAXTER, MICHAEL
Address: 2712 SAND RIDGE CHURCH RD
City-St-Zip: GRAND RIDGE, FL 32442

Title: SD () Delete
Name: MCMILLIAN, CRAIG
Address: 2419 BUTTON BUSH RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: HOWELL, TRAVIS
Address: 4128 PARK PLACE
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM ARNOLD

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date