

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703958

1. Entity Name

LA-WEST FISHING CLUB, INC.

Principal Place of Business

P.O. BOX 961
C/O FRANK JONES
OPELIKA AL 36803
US

Mailing Address

P.O. BOX 961
C/O FRANK JONES
OPELIKA AL 36803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0978859

Applied For

Not Applicable

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

MILLER, WILTON R.
201 S MONROE ST. #500
TALLAHASSEE FL 32301

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 PT ☐ Delete
NAME BROWN, ORRIN
STREET ADDRESS 611 N. 9TH STREET
CITY-ST-ZIP OPELIKA AL 36801

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

TITLE STT ☐ Delete
NAME JONES, FRANK
STREET ADDRESS 909 LAKESHORE AVE
CITY-ST-ZIP OPELIKA AL 36801

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

TITLE T ☐ Delete
NAME PHILLIPS, JODY
STREET ADDRESS 1102 WILLOW RUN
CITY-ST-ZIP OPELIKA AL 36801

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

TITLE T ☐ Delete
NAME WILSON, RONNIE
STREET ADDRESS 1002 SHELBY AVENUE
CITY-ST-ZIP OPELIKA AL 36801

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

TITLE VT ☐ Delete
NAME JERNIGAN, CHARLES
STREET ADDRESS 1115 E. COLLINWOOD CIRCLE
CITY-ST-ZIP OPELIKA AL 36801

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

TITLE VT ☐ Delete
NAME JACKSON, CARSON
STREET ADDRESS 519 TERRACWOOD DRIVE
CITY-ST-ZIP OPELIKA AL 36801

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 FRANK JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2001

334-749-8306

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90068 004 ****61.25



DO NOT WRITE IN THIS SPACE