

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90069 029 ****61.25

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



☐ CHECK HERE IF MAKING CHANGES

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| PT | BROWN, ORRIN | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 611 N. 9TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | OPELIKA AL 36801 | CITY-ST-ZIP | |
| ST | JONES, FRANK | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 909 LAKESHORE AVE | STREET ADDRESS | |
| CITY-ST-ZIP | OPELIKA AL 36801 | CITY-ST-ZIP | |
| T | PHILLIPS, JODY | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1102 WILLOW RUN | STREET ADDRESS | |
| CITY-ST-ZIP | OPELIKA AL 36801 | CITY-ST-ZIP | |
| T | WILSON, RONNIE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1002 SHELBY AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | OPELIKA AL 36801 | CITY-ST-ZIP | |
| VT | JERNIGAN, CHARLES | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1115 E. COLLINWOOD CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | OPELIKA AL 36801 | CITY-ST-ZIP | |
| VT | JACKSON, CARSON | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 519 TERRACWOOD DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | OPELIKA AL 36801 | 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

FRANK JONES

CR2E037 (10/02)