

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90061 025 \*\*\*\*70.00

**DOCUMENT # 719177**

1. Entity Name

**LAVILLA SPORTSMAN CLUB, INC.**

Principal Place of Business

Mailing Address

**7977 NEW KINGS ROAD  
JACKSONVILLE FL 32219  
US****7977 NEW KINGS ROAD  
JACKSONVILLE FL 32219-3630  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7079033**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WILLIAMS, ROWLAND V  
VENCIENT'S BUS. SRVS  
6325 ARLINGTON RD  
JACKSONVILLE FL 32211**

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

**ROWLAND V. WILLIAMS**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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	Change	Addition
PD	MITCHELL, WILLIE C	2754 DELLWOOD AVE.	JACKSONVILLE FL 32205	<input type="checkbox"/>	<input type="checkbox"/>
SD	BROWN, WILLIE JR	8005 TARLING AVE	JACKSONVILLE FL 32219	<input type="checkbox"/>	<input type="checkbox"/>
D	SELLERS, HENRY	1507 N CARBORDALE DR	JACKSONVILLE FL 32208	<input type="checkbox"/>	<input type="checkbox"/>
B	RILEY, JOHN	4611 CLYDE DR.	JACKSONVILLE FL 32208	<input type="checkbox"/>	<input type="checkbox"/>
TD	BELL, GEORGE	3308 RIBAUT SCENIC DR.	JACKSONVILLE FL 32208	<input type="checkbox"/>	<input type="checkbox"/>
VP	JEWELL, JAMES	8755 FOURTH AVE.	JACKSONVILLE FL 32208	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	MOSES JONES Jr.	6738 RHONE DRIVE	JACKSONVILLE FL 32208	<input type="checkbox"/>	<input checked="" 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:

**Henry Sellers** - Henry Sellers 04-28-00 704-924-3049

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)