

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748493

1. Entity Name

SAND-FLY HUNTING CLUB, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90070 026 ****61.25

Principal Place of Business	Mailing Address
107 EAST PARK AVENUE P.O. BOX 1129 CHIEFLND FL 32626	107 EAST PARK AVENUE P.O. BOX 1129 CHIEFLND FL 32626-0905

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2749663	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEAUCHAMP, GREGORY V.
107 EAST PARK AVENUE
CHIEFLND FL 32626

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, DAVID	
STREET ADDRESS	NW 14 AVE AND 13 ST	
CITY-ST-ZIP	CHIEFLND, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEN, TOMMY G.	
STREET ADDRESS	HWY 24	
CITY-ST-ZIP	CEDAR KEY, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLEN, RAYMOND	
STREET ADDRESS	STATE RD 341	
CITY-ST-ZIP	CHIEFLND, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, CONWAY	
STREET ADDRESS	HIGHWAY 320	
CITY-ST-ZIP	CHIEFLND, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, JAMES	
STREET ADDRESS	HIGHWAY 341	
CITY-ST-ZIP	CHIEFLND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** *Raymond B. Allen* 3/14/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RAYMOND B. ALLEN** Daytime Phone # _____

CR2E037 (9/99)