2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753243

1. Entity Name

HERNANDO SPORTSMAN'S CLUB, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90023 014 ****61.25

Principal Place of Business	Mailing Address
17045 COMMERCIAL HWY BROOKSVILLE FL 34614 US	P. O. BOX 10754 P. O. BOX 10754 BROOKSVILLE FL 34603-0754 US

DO NOT WRITE IN THIS SPACE

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 59-2102875 ☐ 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
RICKERT, RANDIE W 7461 CEDARHURST STREET BROOKSVILLE FL 34613	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICKERT, RANOIE W 7461 CEDARHURST BROOKSVILLE FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CONWAY, WALLACE 2494 W. AXELWOOD DR BEVERLY HILLS FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PAYNE, JOE 10236 CHESTNUT DRIVE PORT RICHEY, FL 34669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, KAY 16612 CROSSANDRA LN SPRING HILL FL 34610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICKERT, DIANE M 7461 CEDARHURST ST. BROOKSVILLE, FL 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KNOTT, THOMAS 8393 DELAWARE DR SPRING HILL FL 34607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAGRASSE, JOHN 12417 FAIRWAY AVENUE BROOKSVILLE, FL 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED GELBOGIS, DAVE 55 S CAMELLIA AVE CRYSTAL RIVER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Diane M Rickert SIGNATURE REQUIRED DIANE M. RICKERT, SECRETARY 1/7/2000 352-754-5[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #