

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90255 050 ****61.25

DOCUMENT #

N 00000003419

1. Entity Name

Pine Bay Sportsman Club, Inc.

Principal Place of Business

Mailing Address

Taylor County, FL

*PO Box 362
 Williston FL 32696*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3648490

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0068603

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Steven E. Ward
 18551 NE 60th St.
 Williston FL 32696*

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	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Steven Ward</i>	
STREET ADDRESS	<i>18551 NE 60th St.</i>	
CITY-ST-ZIP	<i>Williston FL 32696</i>	
TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>Fred Parker</i>	
STREET ADDRESS	<i>1828 Beadie Circle</i>	
CITY-ST-ZIP	<i>Lake City FL 32025</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Delete
NAME	<i>Tom Peirson, Jr.</i>	
STREET ADDRESS	<i>8630 E Hwy 25</i>	
CITY-ST-ZIP	<i>Bellevue FL 34420</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Delete
NAME	<i>Lee Miller</i>	
STREET ADDRESS	<i>PO Box 171</i>	
CITY-ST-ZIP	<i>Durant FL 33530</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Delete
NAME	<i>Edward Batsford</i>	
STREET ADDRESS	<i>1018 Sedeeva St.</i>	
CITY-ST-ZIP	<i>Clearwater FL 33755</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mark Houston</i>	
STREET ADDRESS	<i>1053 Cavern Drive</i>	
CITY-ST-ZIP	<i>Apopka FL 32712</i>	
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:

Steven E. Ward
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

352-528-2207
 Daytime Phone #

CR2E037 (11/00)