

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


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90044 023 \*\*\*\*61.25

0011241

**DOCUMENT # N00000003419**

1. Entity Name  
**PINE BAY SPORTSMAN CLUB, INC.**



Principal Place of Business  
**P.O. BOX 362  
WILLISTON FL 32696**

Mailing Address  
**P.O. BOX 362  
WILLISTON FL 32696**

11026979



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3648490**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WARD, STEVEN E  
18551 NE 60TH ST  
WILLISTON FL 32696**

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

SIGNATURE \_\_\_\_\_ (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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, STEVEN</b>	
STREET ADDRESS	<b>18551 NE 60TH ST</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEIRSON, TOM JR</b>	
STREET ADDRESS	<b>8630 E HWY 25</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, LEE</b>	
STREET ADDRESS	<b>PO BOX 171</b>	
CITY-ST-ZIP	<b>DURANT FL 33530</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BATSFORD, EDWARD</b>	
STREET ADDRESS	<b>1018 SEDEEVA ST</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOUSTON, MARK</b>	
STREET ADDRESS	<b>1053 CAVERN DRIVE</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
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		

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

4-25-03 352-528-2207

CR2E037 (10/02)