

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01630

1. Entity Name

CANEY CREEK SPORTSMEN'S CLUB, INC.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90008 003 ****70.00

103430



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
690 DR. NELSON RD 960 DR. NELSON RD DEFUNIAK SPRINGS FL 32433 US	C/O GERALD W. WILKERSON 690 DR. NELSON RD DEFUNIAK SPRINGS FL 32433-7037

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	Applied For
59-2868935	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILKERSON, GERALD W. 690 DR. NELSON RD DEFUNIAK SPRINGS FL 32433

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 *Gerald W. Wilkerson* 1-27-2000
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	VD	<input type="checkbox"/> Delete
NAME	BROWN, JIMMY R.	
STREET ADDRESS	800 DR. NELSON RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	WILKERSON, GERALD	
STREET ADDRESS	690 DR. NELSON RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKERSON, ROLAND M	
STREET ADDRESS	3001 BLOWN RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, GUS	
STREET ADDRESS	P.O. BOX 405	
CITY-ST-ZIP	DFS FL 32435	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, FLOYD	
STREET ADDRESS	351 CORBETT DR.	
CITY-ST-ZIP	DEFUNIAK SPG. FL 32433	
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: *Gerald W. Wilkerson* 1-27-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)