

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90002 004 ****70.00

DOCUMENT # N16390

1. Entity Name

POND CREEK HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

C/O LARRY STOVER
 433 RONDA ST
 PENSACOLA FL 32534
 US

C/O LARRY STOVER
 433 RONDA ST
 PENSACOLA FL 32534-9677
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O David Hart

3. Mailing Address

C/O David Hart

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5755 Allentown Road

5755 Allentown Road

City & State

City & State

Milton, Florida

Milton, Florida

4. FEI Number

59-2878070

Applied For

Not Applicable

Zip

Country

32570

U.S.A.

Zip

Country

32570

U.S.A.

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

STOVER, LARRY
 433 RONDA ST
 PENSACOLA FL 32534

Name

Hart, David

Street Address (P.O. Box Number is Not Acceptable)

5755 Allentown Road

City

Milton

FL

Zip Code

32570

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

David R. Hart - DAVID R. Hart PRESIDENT

4-17-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 STOVER, LARRY 433 RONDA ST PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, SCOTTIE 9200 ROY COOK DR MILTON FL 32571	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOVER, LARRY 433 RONDA ST PENSACOLA FL 32534	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTER, DICK RT 2, BOX 397 MILTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURK, ED 282 MCLAUGHLIN RD MILTON FL 32570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, ALAN 3265 HWY 182 JAY FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David Hart 5755 Allentown Road Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Stover 433 Ronda Street Pensacola, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Larry Moore 1389 Penton Road Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Alan Miller RADMILLER Sec./Treas./Director

4-14-00

(850) 994-4882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)