

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N16390

FILED
Jan 20, 2002 8:00 AM
Secretary of State

Entity Name: POND CREEK HUNTING CLUB, INC.

Current Principal Place of Business:

C/O DAVID HART
5755 ALLENTOWN ROAD
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

C/O DAVID HART
5755 ALLENTOWN ROAD
MILTON, FL 32570 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HART, DAVID
5755 ALLENTOWN ROAD
MILTON, FL 32570

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HART, DAVID
Address: 5755 ALLENTOWN RD
City-St-Zip: MILTON, FL 32570

Title: VPD () Delete
Name: JONES, A.L.
Address: 9191 HWY 89
City-St-Zip: MILTON, FL 32570

Title: STD () Delete
Name: MILLER, ALAN M
Address: 3625 HWY 182
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: SALTER, DICK
Address: 8907 CHUMUCKLA HIGHWAY
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: PRIDGEN, PHIL
Address: 5631 FIRESTONE DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: WARD, JIMMY
Address: 5550 CALVARY CHURCH RD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: BOWMAN, JULIAN D
Address: 5676 TREVINO DRIVE
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN D. BOWMAN

STD

01/20/2002

Electronic Signature of Signing Officer or Director

_____ Date