

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N20180**

1. Entity Name

**HOLMES CREEK STILLHUNTERS ASSOCIATION, INC.**

Principal Place of Business

**2182 TRI-COUNTY AIRPORT RD  
BONIFAY FL 32425**

Mailing Address

**2182 TRI-COUNTY AIRPORT RD  
BONIFAY FL 32425  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number.

**NOT APPLICABLE**

Applied For

Not Applicable

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

**LITTLE, ARTHUR W.  
2182 TRI-COUNTY AIRPORT RD  
BONIFAY FL 32425**

Name

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

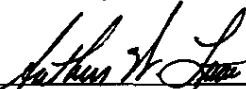
City

**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)

**2-10-2001**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HIGHTOWER, DONNIE	
STREET ADDRESS	PO BOX 63	
CITY-ST-ZIP	FOUNTAIN FL 32438	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, BUSTER	
STREET ADDRESS	207 SAN PABLO ST	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	

TITLE	VD	<input type="checkbox"/> Delete
NAME	RICH, BUSTER	
STREET ADDRESS	207 SAN PABLO ST	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACANT	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	LITTLE, ARTHUR W.	
STREET ADDRESS	4440 ZAMBITO RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	LITTLE, JOSEPH E.	
STREET ADDRESS	303 GEORGIA AVE.	
CITY-ST-ZIP	LYNN HAVEN FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		

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:

**NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-2001**

Date

**850-547-1794**

Daytime Phone #

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90015 032 \*\*\*\*\*70.00

**00017219**

DO NOT WRITE IN THIS SPACE

0016329

CR2E037 (10/00)