

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21882

1. Entity Name

REEDY CREEK HUNTING CLUB, INCORPORATED

Principal Place of Business

Mailing Address

C/O WALTER BOWERS
3355 ST. HWY 81 SOUTH
PONCE DE LEON FL 32455
US

C/O WALTER BOWERS
3355 ST. HWY 81 SOUTH
PONCE DE LEON FL 32455-3360
US

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3116496

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

BOWERS, WALTER
3355 ST HWY 81 SOUTH
PONCE DE LEON FL 32455

Name None

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)

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
NAME SIMMONS, ALBERT
STREET ADDRESS RT. 2 BOX 1592
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME SIMMONS, SAM
STREET ADDRESS HWY 181
CITY-ST-ZIP WESTVILLE FL 32455

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TMD
NAME BOWERS, WALTER
STREET ADDRESS 3355 ST HWY 81 SOUTH
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME AMMONS, DOYLE
STREET ADDRESS HWY. 181C
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90189 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)