

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35184

1. Entity Name

JOHNSON SWAMP HUNTING CLUB, INC.

Principal Place of Business

RR 2 BOX 647
HWY 71 NORTH
BLOUNTSTOWN FL 32424

Mailing Address

RR 2 BOX 647
HWY 71 NORTH
BLOUNTSTOWN FL 32424

2. Principal Place of Business

18712 N.E. Hayes S/D Rd.
Suite, Apt. #, etc.

3. Mailing Address

18712 N.E. Hayes S/D Rd.
Suite, Apt. #, etc.

City & State

Blountstown Fl. 32424

City & State

Same

Zip

32424

Country

Calhoun

Zip

32424

Country

Same

4. FEI Number

59-2985435

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY, JR., C.T.
RR 2 BOX 647
BLOUNTSTOWN FL 32424

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: *C.T. Terry Jr.*
Signature, typed or printed name of registered agent and date if applicable.

C.T. Terry Jr.

4-30-01

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	TERRY, C T JR	
STREET ADDRESS	RT 2 BOX 647	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, J W	
STREET ADDRESS	RT 2 BOX 649	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLIAN, STEVEN	
STREET ADDRESS	PEA RIDGE ROAD	
CITY-ST-ZIP	BRISTOL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	TERRY, C.T. JR	
STREET ADDRESS	18712 N.E. Hayes Subdivision Rd	
CITY-ST-ZIP	Blountstown Fl. 32424	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01 (850) 674-8727

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90061 001 ****70.00

00049550



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)