2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State
01-29-2001 90112 003 ****61.25

DOCUMENT # N43034

1. Entity Name

THE TAYLOR CREEK BASS CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3179 OKEECHOBEE FL 34973	P.O. BOX 3179 OKEECHOBEE FL 34973

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc:	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0274698 ☐ 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
MULLINS, DAVID 614 SE 8TH AVE. B.H.R. OKEECHOBEE FL 34974	Name: mrs. Charlie Hays Street Address (P.O. Box Number is Not Acceptable): 4130 SW 9th Way City: Okeechobee FL Zip Code: 34974

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: mrs. Charlie Hays – mrs. Charlie Hays Jan. 19th 2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHURLEY, JUDD PO BOX 457 OKEECHOBEE FL 34973	☑ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	KENNETH SPRIGLE 2902 SE 19th CT Okeechobee, FL. 34974	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEE, CHARLES 6616 HWY 441 SE OKEECHOBEE FL 34974	☑ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	CARROLL HEAD 2252 SW 22nd Circle North Okeechobee, FL. 34974	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MULLINS, DAVID 614 SE 8TH AVE. OKEECHOBEE FL	☑ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Charlie HAYS 4130 SW 9th Way Okeechobee FL. 34974	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOLAN, BEN 823 SE 4TH STREET OKEECHOBEE FL 34974	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	BEN BOLAN 823 SE 4th Street Okeechobee, FL. 34974	☑ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SEITZ, WILLIAM 3111 S.E. 39TH AVE. OKEECHOBEE FL 34974	☑ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	BILL HAYS 4130 SW 9th Way Okeechobee, FL. 34974	☑ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD FORD, VIRGINIA 2085 S.W. 19TH LANE OKEECHOBEE FL 34974	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☑ Change ☐ Addition

CR2E037 (10/00)

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 Jan. 19th 2001 1-863-763-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #