

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90056 012 ****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

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0274698

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAYS, CHARLIE
4130 SW 9TH WAY
OKEECHOBEE FL 34974

Name

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

4130 SW 9th way

Okeechobee

City

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 Charlie Hays

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/2002
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	SPRIGIE, KENNETH	
STREET ADDRESS	2902 SE 19TH CY	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HEAD, CARROLL	
STREET ADDRESS	2252 SW 22ND CIRCLE NORTH	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAYS, CHARLIE	
STREET ADDRESS	4130 SW 9TH WAY	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BOLAN, BEN	
STREET ADDRESS	823 SE 4TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAYS, BILL	
STREET ADDRESS	4130 SW 9TH WAY	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN BOLAN	
STREET ADDRESS	614 SE 8th AVE	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, CARROLL	
STREET ADDRESS	2252 SW 22nd Circle North	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, CHARLIE	
STREET ADDRESS	4130 SW 9th way	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE STOUT	
STREET ADDRESS	12876 La Rochelle Circle	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORM Willoughby	
STREET ADDRESS	737 Hummingbird way - Apt. 12	
CITY-ST-ZIP	North Palm Beach, FL 33408	
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: Charlie Hays REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2002 863-763-2332
Date Daytime Phone #

CR2E037 (9/01)