

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90122 012 ****61.25

DOCUMENT # N43034

1. Entity Name

THE TAYLOR CREEK BASS CLUB, INC.



Principal Place of Business

P.O. BOX 3179
OKEECHOBEE FL 34973

Mailing Address

P.O. BOX 3179
OKEECHOBEE FL 34973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

HAYS, CHARLIE
4130 SW 9TH WAY
OKEECHOBEE FL 34974

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charlie Hays

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

(NOTE: Registered Agent signature required when reinstating)

1-9-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BEN, BOLAN**
STREET ADDRESS **614 SE 8TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **PD** ☒ Change ☐ Addition
NAME **Kenneth B. Sprigle**
STREET ADDRESS **2902 SE 19th CT**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **VPD** ☒ Delete
NAME **HEAD, CARROLL**
STREET ADDRESS **2252 SW 22ND CIRCLE NORTH**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **VPD** ☒ Change ☐ Addition
NAME **David Straight**
STREET ADDRESS **1652 SW 34th Terr**
CITY-ST-ZIP **Okeechobee Fla 34974**

TITLE **TD** ☐ Delete
NAME **HAYS, CHARLIE**
STREET ADDRESS **4130 SW 9TH WAY**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **PD** ☐ Change ☒ Addition
NAME **BILL HAYS**
STREET ADDRESS **4130 SW 9th Way**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **ST** ☐ Delete
NAME **DAVE, STOUT**
STREET ADDRESS **12876 LA ROCHELLE CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **SE** ☐ Change ☐ Addition
NAME **DAVE J. STOUT**
STREET ADDRESS **12876 La Rochelle Circle**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **T** ☐ Delete
NAME **NORM, WILLOUGHBY**
STREET ADDRESS **727 HUMMINGBIRD WAY APT 12**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1-9-03

867-889-8107

CR2E037 (10/02)