

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0064010

**DOCUMENT # N43505**

1. Entity Name

**ROCKY CREEK STALK AND STILL HUNTING CLUB, INC.**

04-01-2002 90020 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O ARGENT K. HARE  
 6350 ARTHUR BROWN RD.  
 WALNUT HILL FL 32568

C/O ARGENT K. HARE  
 6350 ARTHUR BROWN RD.  
 WALNUT HILL FL 32568

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3109287**

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

**HARE, ARGENT K.**  
**6350 ARTHUR BROWN RD.**  
**WALNUT HILL FL 32568**

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 \_\_\_\_\_

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	<b>D</b> <b>BROY, JERRY</b> <b>795 CEDAR TREE LANE</b> <b>CANTONMENT FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MITCHELL, TOMMEY</b> <b>8860 UNTRINER AVE</b> <b>PENSACOLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRATLEY, L. RICKY</b> <b>3430 PINE BARRON ROAD</b> <b>MC DAVID FL 32568</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HARE, ARGENT K</b> <b>6350 ARTHUR BROWN RD.</b> <b>WALNUT HILL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HARE, HERBERT</b> <b>6271 ARTHUR BROWN ROAD</b> <b>WALNUT HILL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HARE, JEFFREY A</b> <b>6350 ARTHUR BROWN ROAD</b> <b>WALNUT HILL FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_

*Argent K. Hare*  
**ARGENT K. HARE**

*3/21/002*  
 Date

*1-850-327-4536*  
 Daytime Phone #

CR2E037 (9/01)