

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90066 017 ****61.25

DOCUMENT # N43505

1. Entity Name
ROCKY CREEK STALK AND STILL HUNTING CLUB, INC.



Principal Place of Business
**C/O ARGENT K. HARE
6350 ARTHUR BROWN RD.
WALNUT HILL FL 32568**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3109287**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROY, JERRY	NAME	
STREET ADDRESS	795 CEDAR TREE LANE	STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, TOMMEY	NAME	
STREET ADDRESS	8860 UNTRINER AVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATLEY, L. RICKY	NAME	
STREET ADDRESS	3430 PINE BARRON ROAD	STREET ADDRESS	
CITY-ST-ZIP	MC DAVID FL 32568	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARE, ARGENT K	NAME	
STREET ADDRESS	6350 ARTHUR BROWN RD.	STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARE, HERBERT	NAME	
STREET ADDRESS	6271 ARTHUR BROWN ROAD	STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARE, JEFFREY A	NAME	
STREET ADDRESS	6350 ARTHUR BROWN ROAD	STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	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: *Argent K. Hare* **REQUIRED**

3/24/03 1-850-327-4536

CR2E037 (10/02)