

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49469

1. Entity Name

SNEADS ATHLETIC CLUB, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90105 045 \*\*\*\*61.25

Principal Place of Business	Mailing Address
P.O. BOX 1333 SNEADS FL 32460	P.O. BOX 1333 SNEADS FL 32460-1333

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUQUA, H. MATTHEW 4450 LAFAYETTE STREET MARIANNA FL 32446	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. <input type="checkbox"/> \$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																																																																																																																																				
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GRICE, HELEN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2071 GAY AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SNEADS FL 32460</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>EDWARDS, JAMES E</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8066 OLD SPANISH TRAIL RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SNEADS FL 32460</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DICKSON, PATRICIA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8066 OLD SPANISH TRAIL RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SNEADS FL 32460</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GORTMOLLER, JOHN R</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8066 OLD SPANISH TRAIL RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SNEADS FL 32460</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GOODWIN, CLARA E</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8066 OLD SPANISH TRAIL RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SNEADS FL 32460</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	GRICE, HELEN		STREET ADDRESS	2071 GAY AVENUE		CITY-ST-ZIP	SNEADS FL 32460		TITLE	D	<input type="checkbox"/> Delete	NAME	EDWARDS, JAMES E		STREET ADDRESS	8066 OLD SPANISH TRAIL RD.		CITY-ST-ZIP	SNEADS FL 32460		TITLE	D	<input type="checkbox"/> Delete	NAME	DICKSON, PATRICIA		STREET ADDRESS	8066 OLD SPANISH TRAIL RD.		CITY-ST-ZIP	SNEADS FL 32460		TITLE	D	<input type="checkbox"/> Delete	NAME	GORTMOLLER, JOHN R		STREET ADDRESS	8066 OLD SPANISH TRAIL RD.		CITY-ST-ZIP	SNEADS FL 32460		TITLE	D	<input type="checkbox"/> Delete	NAME	GOODWIN, CLARA E		STREET ADDRESS	8066 OLD SPANISH TRAIL RD.		CITY-ST-ZIP	SNEADS FL 32460		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	GRICE, HELEN																																																																																																																																				
STREET ADDRESS	2071 GAY AVENUE																																																																																																																																				
CITY-ST-ZIP	SNEADS FL 32460																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	EDWARDS, JAMES E																																																																																																																																				
STREET ADDRESS	8066 OLD SPANISH TRAIL RD.																																																																																																																																				
CITY-ST-ZIP	SNEADS FL 32460																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	DICKSON, PATRICIA																																																																																																																																				
STREET ADDRESS	8066 OLD SPANISH TRAIL RD.																																																																																																																																				
CITY-ST-ZIP	SNEADS FL 32460																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	GORTMOLLER, JOHN R																																																																																																																																				
STREET ADDRESS	8066 OLD SPANISH TRAIL RD.																																																																																																																																				
CITY-ST-ZIP	SNEADS FL 32460																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	GOODWIN, CLARA E																																																																																																																																				
STREET ADDRESS	8066 OLD SPANISH TRAIL RD.																																																																																																																																				
CITY-ST-ZIP	SNEADS FL 32460																																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
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: Helen Grice RE HELEN GRICE April 12, 2000 (850) 482-9004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)