

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90182 030 ****61.25

DOCUMENT # N93000003102

1. Entity Name
HUB CITY SPORTSMEN'S CLUB, INC.



Principal Place of Business
**6132 HACIENDA LANE
CRESTVIEW FL 32536**

Mailing Address
**6132 HACIENDA LANE
CRESTVIEW FL 32536**

10016071



CHECK HERE IF MAKING CHANGES

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

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

City & State

4. FEI Number **59-3196164** Applied For
Not Applicable

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

**BRACEWELL, RANDY G
6132 HACIENDA LANE
CRESTVIEW FL 32536**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BRACEWELL, RANDY G	
STREET ADDRESS	6132 HACIENDA LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOKS, C S	
STREET ADDRESS	PO BOX 1879 N/A	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, III T B	
STREET ADDRESS	3599 HORNE HOLLOW RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Randy G. Bracewell 1-28-03 850 682-6156

CR2E037 (10/02)