

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003561

1. Entity Name

NEW HARMONY SPORTSMAN'S CLUB, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90127 031 ****61.25

Principal Place of Business 4138 PAINTER BR RD CRESTVIEW FL 32539 US	Mailing Address 4138 PAINTER BR RD CRESTVIEW FL 32539 9772 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6690 Hwy 393 Suite, Apt. #, etc.	3. Mailing Address 6690 Hwy 393 Suite, Apt. #, etc.
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City & State Crestview FL	City & State Crestview FL	4. FEI Number 59-2842470	Applied For Not Applicable
Zip 32539	Country US	Zip 32539	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HALL, RANDY
 202 HALL HUNT CIR
 DEFUNIAK SPGS FL 32433

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.

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	
TITLE D <input checked="" type="checkbox"/> Delete	NAME DONELL FICKLIN STREET ADDRESS 1006 ST HWY 85 CITY-ST-ZIP LAUREL HILL FL 32567
TITLE D <input checked="" type="checkbox"/> Delete	NAME WEEKLEY, JERRY STREET ADDRESS 4138 PAINTER BRANCH RD CITY-ST-ZIP CRESTVIEW FL
TITLE D <input type="checkbox"/> Delete	NAME GLENN CUMBIE STREET ADDRESS ANDY NOLING RD CITY-ST-ZIP DEFUNIAK SPRGS FL 32433
TITLE D <input type="checkbox"/> Delete	NAME HOBBS, CLARENCE STREET ADDRESS 891 NEW HARMONY LP CITY-ST-ZIP DEFUNIAK SPRINGS FL
TITLE P <input type="checkbox"/> Delete	NAME HALL, RANDY STREET ADDRESS 202 HALL HUNT CIR CITY-ST-ZIP DEFUNIAK SPRINGS FL
TITLE D <input checked="" type="checkbox"/> Delete	NAME REEVES, JAMES STREET ADDRESS 8133 EIGHT ST. CITY-ST-ZIP LAUREL HILL FL 32567

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME LEO CRAIN II STREET ADDRESS 4568 Yellow Bluff Rd CITY-ST-ZIP CRESTVIEW FLA. 32539
TITLE D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME TAYLOR CRAIN STREET ADDRESS 6690 Hwy 393 CITY-ST-ZIP CRESTVIEW FLA 32539
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CLARENCE Hobbs STREET ADDRESS 891 NEW HARMONY LP CITY-ST-ZIP DEFUNIAK SPRINGS FLA 32433
TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME RANDY HALL STREET ADDRESS 202 Hall Hunt Cir. CITY-ST-ZIP Defuniak Springs FLA 32433
TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ERROL CRAIN STREET ADDRESS 593 LONG ST CITY-ST-ZIP CRESTVIEW FLA 32539
TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GLENN Cumbie STREET ADDRESS Andy Noling Rd. CITY-ST-ZIP Defuniak Springs FLA 32433

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leo Crain II DATE: 5/7/00 (550) 682-6993

CR2E037 (9/99)