

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90045 029 ****70.00

DOCUMENT # N93000003561

1. Entity Name

NEW HARMONY SPORTSMAN'S CLUB, INC.

Principal Place of Business

4568 YELLOW BLUFF RD
 CRESTVIEW FL 32539
 US

Mailing Address

4568 YELLOW BLUFF RD
 CRESTVIEW FL 32539
 US

P.O. Box 1894

B0102222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

112 Mill Stone Cove

3. Mailing Address

~~*112 Mill Stone Cove*~~

Suite, Apt. #, etc.

Crestview Florida

Suite, Apt. #, etc.

Crestview Florida

City & State

32539 U.S.A.

City & State

~~*32539 U.S.A.*~~

Zip

Country

32536

Country

4. FEI Number

59-2842470

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIN, LEO II
 4568 YELLOW BLUFF RD
 CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name *Wilbur Hunt*
 Street Address (P.O. Box Number is Not Acceptable) *230 New Harmony Loop*
Defuniak Springs
 City *FL* Zip Code *32433*

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 *Wilbur Hunt*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *April 21, 2002*

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	P	<input checked="" type="checkbox"/> Delete
NAME	CRAIN, LEO II	
STREET ADDRESS	4568 YELLOW BLUFF RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLENN CUMBIE	
STREET ADDRESS	ANDY NOLING RD	
CITY-ST-ZIP	DEFUNIAK SPRGS FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOBBS, CLARENCE	
STREET ADDRESS	891 NEW HARMONY LP	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAIN, ERROL	
STREET ADDRESS	6244 HWY 393	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, LUKE	
STREET ADDRESS	98 RED HOLLY RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	wilbur Hunt	
STREET ADDRESS	230 New Harmony Loop	
CITY-ST-ZIP	Defuniak Springs FL 32433	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence Hobbs	
STREET ADDRESS	891 New Harmony Loop	
CITY-ST-ZIP	Defuniak Springs FL 32433	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony Brady	
STREET ADDRESS	112 Mill Stone Cove	
CITY-ST-ZIP	Crestview FL 32539	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Barrows	
STREET ADDRESS	5672 Mount Olive Rd	
CITY-ST-ZIP	Crestview FL 32539	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Coats	
STREET ADDRESS	1135 Talloaks Rd	
CITY-ST-ZIP	Crestview FL 32536	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Fountain	
STREET ADDRESS	8900 Hwy 90 West	
CITY-ST-ZIP	Defuniak Springs FL 32433	

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: *Wilbur Hunt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *April 21, 2002*
 Daytime Phone # *850 834 2834*

CR2E037 (9/01)

attachment#

N93000003561
B01025522

Director

Charles Davis
174 Dogwood Rd.
Defuniak Springs
Fl. 32435

Director

Wilson Richbourg
157 Richpien Rd.
Fort Walton Beach
Fl 32547