

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005068

1. Entity Name

NICHOLS CREEK HUNTING CLUB, INC.

Principal Place of Business

10162 SOMERSET LANE  
MILTON FL 32583

Mailing Address

10162 SOMERSET LANE  
MILTON FL 32583

2. Principal Place of Business

10162 SOMERSET LANE

Suite, Apt. #, etc.

3. Mailing Address

10162 SOMERSET LANE

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

4. FEI Number

59-3218128

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOMERSET, FRANCINE  
10162 SOMERSET LANE  
MILTON FL 32583

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 PD ☐ Delete  
NAME SOMERSET, FRANCINE  
STREET ADDRESS 10162 SOMERSET LANE  
CITY-ST-ZIP MILTON FL 32583

TITLE VD ☐ Delete  
NAME ETHERIDGE, IRENE  
STREET ADDRESS 5063 PAULINE STREET  
CITY-ST-ZIP MILTON FL 32583

TITLE DST ☐ Delete  
NAME GEORGIADIS, CYNTHIA  
STREET ADDRESS 9762 SOUTH TRACE ROAD  
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Francine Somerset  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

850-434-1395

Daytime Phone #

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

01-26-2000 90091 015 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE