

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004423**

1. Entity Name

ODOM POND HUNTING CLUB, INCORPORATED

Principal Place of Business

**127 JOHN H. CASSIDY RD.
BRUCE FL 32455**

Mailing Address

**127 JOHN H. CASSIDY RD.
BRUCE FL 32455**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**MORRISON, LARRY
127 JOHN H. CASSIDY RD.
BRUCE FL 32455**

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 Larry Morrison
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CLARCK, JOE 126 REDDICK LOOP FREEPORT FL	<input type="checkbox"/>		<input type="checkbox"/>
D SUGGS, DAVID 14207 SAND PINE LANE SOUTHPORT FL 32409	<input type="checkbox"/>		<input type="checkbox"/>
D MORRISON, LARRY D 127 JOHN H. CASSIDY RD. BRUCE FL 32455	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: Larry Morrison 4-27-01 (850) 835-4898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90945 009 ****70.00



DO NOT WRITE IN THIS SPACE

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