

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004840

1. Entity Name

CLEAR CREEK HUNTING CLUB, INC.

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90600 019 \*\*\*\*70.00

0063976

Principal Place of Business  
13533 CHUMUCKIA HWY 197  
JAY FL 32565  
US

Mailing Address  
13533 CHUMUCKIA HWY 197  
JAY FL 32565  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3275246

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

COTTON, RONALD  
13533 CHUMUCKLA HWY 197  
JAY FL 32565

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

*Ronald G. Cotton* *Ronald G. Cotton*

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

(NOTE: Registered Agent signature required when reinstating)

3/12/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	COTTON, RONALD G	
STREET ADDRESS	13533 CHUMUCKLA HWY 197	
CITY-ST-ZIP	JAY FL 32565	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORDAN, CARL	
STREET ADDRESS	8304 WISTERIA DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	COTTON, JEFF	
STREET ADDRESS	8685 CHUMUCKLA HWY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	CAMPBELL, RICKY	
STREET ADDRESS	8800 ORIN RD	
CITY-ST-ZIP	PACE FL 32571	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	KENNY, ALFORD	
STREET ADDRESS	6049 W CAMBRIDGE PKWY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	ASHFORD, MITCH	
STREET ADDRESS	5624 DOKE DRIVE	
CITY-ST-ZIP	PACE FL 32571	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ronald G. Cotton* *Ronald G. Cotton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

250-625-0300

Daytime Phone #

CR2E037 (9/01)