

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004288

1. Entity Name

OTTER CREEK SPORTSMEN CLUB INC.

Principal Place of Business

10 4TH AVENUE  
FORT WALTON BEACH FL 32547

Mailing Address

10 4TH AVENUE  
FORT WALTON BEACH FL 32547-2505

2. Principal Place of Business

1251 NAN PLACE

Suite, Apt. #, etc.

3. Mailing Address

1251 NAN PLACE

Suite, Apt. #, etc.

City & State

FT. WALTON BCH., FL

City & State

FT. WALTON BCH., FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GODWIN, ROLAND  
10 4TH AVENUE  
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name ROBBIE PHILLIPS

Street Address (P.O. Box Number is Not Acceptable)

1251 NAN PLACE

City

FT. WALTON BCH.,

FL

Zip Code

32547

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

*Robert F. Phillips*

"ROBBIE"

ROBERT F. PHILLIPS

4/28/00

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                       | <input checked="" type="checkbox"/> Delete |
| NAME           | GODWIN, ROLAND           |  |
| STREET ADDRESS | 10 4TH AVE N.E.          |  |
| CITY-ST-ZIP    | FT. WALTON BEACH FL      |  |
| TITLE          | VPD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | EDGE, DERRICK            |  |
| STREET ADDRESS | 5360 HWY 4               |  |
| CITY-ST-ZIP    | BAKER FL 32531           |  |
| TITLE          | SD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | GODWIN, BILLY            |  |
| STREET ADDRESS | 39 STEWART ST            |  |
| CITY-ST-ZIP    | FT WALTON BEACH FL       |  |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | TAYLOR, MICHAEL          |  |
| STREET ADDRESS | 508 SHEFIELD RD          |  |
| CITY-ST-ZIP    | FT WALTON BEACH FL 32547 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PHILLIPS, ROBBIE    |  |
| STREET ADDRESS | 1251 NAN PLACE      |  |
| CITY-ST-ZIP    | FT. WALTON BCH., FL |  |
| TITLE          | VPD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WALKER, FRANK       |  |
| STREET ADDRESS | 2854 TWIN BAY VIEW  |  |
| CITY-ST-ZIP    | FT. WALTON BCH., FL |  |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HUGGINS, MICHAEL    |  |
| STREET ADDRESS | 6 KREVIK CT.        |  |
| CITY-ST-ZIP    | FT. WALTON BCH., FL |  |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GODWIN, ROLAND      |  |
| STREET ADDRESS | 10 4TH AVE. N.E.    |  |
| CITY-ST-ZIP    | FT. WALTON BCH., FL |  |
| 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:

*Robert F. Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

"ROBBIE"

ROBERT F. PHILLIPS

Date

4/28/00

Daytime Phone #

850.582.2766

FILED  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90247 043 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)