

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90003 025 \*\*\*\*61.25

**DOCUMENT # N96000004288**

1. Entity Name

**OTTER CREEK SPORTSMEN CLUB INC.**

**660276**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1251 NAN PLACE  
 FORT WALTON BEACH FL 32547  
 US**

Mailing Address

**1251 NAN PLACE  
 FORT WALTON BEACH FL 32547  
 US**

2. Principal Place of Business

**7 Dogwood Dr.**

Suite, Apt. #, etc.

**N/A**

City & State

**Shalimar FL**

Zip

**32579**

Country

**US**

3. Mailing Address

**7 Dogwood Dr.**

Suite, Apt. #, etc.

**N/A**

City & State

**Shalimar FL**

Zip

**32579**

Country

**US**

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

**PHILLIPS, ROBBIE  
 1251 NAN PLACE  
 FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name

**Jackie Ternigan**

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

**7 Dogwood Dr.**

City

**Shalimar FL**

**FL**

Zip Code

**32579**

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

*Jackie Ternigan*

(Signature, typed or printed name of registered agent and fee applicable)

(NOT Registered Agent signature required when reinstating)

**5-20-01**

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 **TD** ☐ Delete  
 NAME **GODWIN, ROLAND**  
 STREET ADDRESS **10 4TH AVE N.E.**  
 CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **PD** ☒ Delete  
 NAME **PHILLIPS, ROBBIE**  
 STREET ADDRESS **1251 NAN PLACE**  
 CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE **VD** ☒ Delete  
 NAME **WALKER, FRANK**  
 STREET ADDRESS **2354 TWIN BAY VIEW**  
 CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE **SD** ☒ Delete  
 NAME **HUGGINS, MICHAEL**  
 STREET ADDRESS **6 KREVIK CT**  
 CITY-ST-ZIP **FT WALTON BEACH FL**

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 **TD** ☐ Change ☒ Addition  
 NAME **Godwin Roland**  
 STREET ADDRESS **10 4th Ave N.E.**  
 CITY-ST-ZIP **FT. Walton Beach FL 32548**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Jackie Ternigan**  
 STREET ADDRESS **7 Dogwood Dr.**  
 CITY-ST-ZIP **Shalimar FL 32579**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **Bill Jenkins**  
 STREET ADDRESS **701 Elise Ln**  
 CITY-ST-ZIP **Destin FL 32541**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Nathan Hare**  
 STREET ADDRESS **197 N. Hampton**  
 CITY-ST-ZIP **FL Walton Beach 32547**

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 no 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 life empowered.

SIGNATURE:

*Jackie Ternigan*

REQUIRE:

**5-20-01**

**850-259-2625**

CR2E037 (10/00)