

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90002 012 ****70.00

80018739



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000006076

1. Entity Name
PANTHER CREEK SPORTSMAN'S CLUB, INC.

Principal Place of Business **Mailing Address**
 6901 PINE TOP ROAD 6901 PINE TOP ROAD
 HOLT FL 32564-8903 HOLT FL 32564-8903

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 **59-3433331** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEWART, TERRY G
6901 PINE TOP ROAD
HOLT FL 32564-8903

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:
FEES IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENTERFITT, DONALD	NAME	
STREET ADDRESS	5364 HWY 4	STREET ADDRESS	
CITY-ST-ZIP	BAKER FL	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, JERRY	NAME	
STREET ADDRESS	4486 TAMARIND DR	STREET ADDRESS	
CITY-ST-ZIP	PACE FLORIDA FL	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAYSON, LARRY	NAME	SD
STREET ADDRESS	7290 THOR LANE	STREET ADDRESS	BORDELON, MATT
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	3008 CONQUISTADORES
TITLE	T <input type="checkbox"/> Delete	TITLE	NAVARRE FLORIDA 32566
NAME	STEWART, TERRY G	NAME	
STREET ADDRESS	6901 PINE TOP RD	STREET ADDRESS	
CITY-ST-ZIP	HOLT FL 03	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 **SIGNATURE REQUIRED** **STEWART** **02-01-00** **850-452-2365**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)