

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90051 045 ****70.00

DOCUMENT # N96000006076

1. Entity Name

PANTHER CREEK SPORTSMAN'S CLUB, INC.



Principal Place of Business

**6901 PINE TOP ROAD
HOLT FL 32564-8903**

Mailing Address

**6901 PINE TOP ROAD
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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SENTERFITT, DONALD	
STREET ADDRESS	5364 HWY 4	
CITY-ST-ZIP	BAKER FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SALTER, JERRY	
STREET ADDRESS	4486 TAMARIND DR	
CITY-ST-ZIP	PACE FLORIDA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, BRETT	
STREET ADDRESS	4850 ALEFF RD	
CITY-ST-ZIP	PACE FL 32571	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEWART, TERRY G	
STREET ADDRESS	6901 PINE TOP RD	
CITY-ST-ZIP	HOLT FL 03	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Terry G. Stewart* **TERRY G. STEWART** 01-02-03 850-623-8656

CR2E037 (10/02)