

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004474

1. Entity Name

JACK CREEK SPORTSMEN'S CLUB, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90402 013 ****70.00

948898



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2479 S HWY 73
MARIANNA FL 32446

Mailing Address
2479 S HWY 73
MARIANNA FL 32448-5446

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

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

MORSE, CHARLES
2479 S HWY 73
MARIANNA FL 32446

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORSE, CHARLES	
STREET ADDRESS	2479 S HWY 73	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROLAND, RABON	
STREET ADDRESS	4858 DONNA DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITHCELL, JOHN	
STREET ADDRESS	4427 WOODBROOK DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORSE, CHARLES L	
STREET ADDRESS	887 CASCADE LN	
CITY-ST-ZIP	MARIANNA FL 32448	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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 of Charles Morse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-00 526 8445