

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001798

1. Entity Name

THOMAS CREEK SPORTSMAN'S CLUB, INC.

Principal Place of Business

2817 TEN MILE ROAD  
PACE FL 32571

Mailing Address

2817 TEN MILE ROAD  
PACE FL 32571

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

20-5899112

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACOSTE, S. SCOTT  
2817 TEN MILE ROAD  
PACE FL 32571

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:  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME TIDWELL, MARION O  
STREET ADDRESS 8093 CHUMUCKLA HIGHWAY  
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LACOSTE, S. SCOTT  
STREET ADDRESS 2817 TEN MILE ROAD  
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HOWELL, LAVERNE  
STREET ADDRESS 8849 GIN ROAD  
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☒ Addition  
NAME Jimmy Boyett  
STREET ADDRESS 2817 Ten mile rd  
CITY-ST-ZIP PACE FL 32571

TITLE D ☒ Delete  
NAME HOWELL, STEPHEN  
STREET ADDRESS 8427 GIN ROAD  
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CARNLEY, ANDREW  
STREET ADDRESS 2608 HWY 182  
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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)(l), 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:

~~NO SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01

Date

850-994-7373

Daytime Phone #

CR2E037 (10/00)