

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001798

1. Entity Name

THOMAS CREEK SPORTSMAN'S CLUB, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90056 024 ****70.00

Principal Place of Business

Mailing Address

2817 TEN MILE ROAD
PACE FL 32571

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

4. FEI Number 20-5899112

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE NAME ☐ Change ☒ Addition
Treasurer
Pittman, E. Bradford
STREET ADDRESS 107 Beverly Phwy.
CITY-ST-ZIP Pensacola FL 32505

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

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

TITLE NAME ☐ Delete
D BOYETT, JIMMY
STREET ADDRESS 2820 TEN MILE RD
CITY-ST-ZIP PACE FL 32571

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-01 850-994-8450

CR2E037 (9/01)