

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002152

1. Entity Name

MILL CREEK SPORTSMANS CLUB INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90207 020 ****70.00

Principal Place of Business

Mailing Address

202 QUEEN STREET
MILTON FL 32570

202 QUEEN STREET
MILTON FL 32570-3526

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

59-3508385

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

MCGUYRE, JAMES
7391 PINE BLOSSOM ROAD
MILTON FL 32570

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 ☐ Delete
NAME D
STREET ADDRESS MORAVEK, DAVID
CITY-ST-ZIP 202 QUEENS T
MILTON FL 32570

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MARLOW, RICHARD D
CITY-ST-ZIP 7220 CHESTNUT RD
MOLINO FL 32577

TITLE ☒ Change ☐ Addition
NAME D/I
STREET ADDRESS KEITH CARAWAY
CITY-ST-ZIP 3874 EBENEZER CHURCH RD
JAY - FL. 32565

TITLE ☐ Delete
NAME D
STREET ADDRESS MCGUYRE, JAMES
CITY-ST-ZIP 7391 PINE BLOSSOM RD
MILTON FL 32570

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS JIMMY McCASKILL
CITY-ST-ZIP 3869 EBENEZER CHURCH RD
JAY FL. 32565

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS KEITH THOMAS
CITY-ST-ZIP 4620 MIMS ISLAND RD.
JAY FL. 32565

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS LARRY HARRISON
CITY-ST-ZIP 2327 CAMORS RD.
JAY FL. 32565

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)(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

David Moravek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00
Date

626 0789
Daytime Phone #

CR2E037 (9/99)