2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State
06-26-2001 90006 009 ****70.00

A0074892

DOCUMENT # N98000002152

1. Entity Name

Mill Creek Sportsmans Club, Inc

Principal Place of Business	Mailing Address
202 QUEEN STREET MILTON FL 32570	202 QUEEN STREET MILTON FL 32570

DO NOT WRITE IN THIS SPACE

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 593508385 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		P/D MORAVEK, DAVID 202 QUEEN STREET MILTON FL 32570	
	☐ Delete	T/D CARAWAY, KEITH 3874 EBENEZER CHURCH RD JAY FL 32565	☐ Change ☐ Addition
	☐ Delete	D MCCASKILL, JIMMY 3869 EBENEZER CHURCH RD JAY FL 32565	☐ Change ☐ Addition
	☐ Delete	D THOMAS, KEITH [redacted] 4620 MIMS ISLAND RD JAY FL 32565	☐ Change ☐ Addition
	☐ Delete	D HARRISON, LARRY 2327 CAMORS RD JAY FL 32565	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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 Morave DAVID MORAVEK 6/18/01 850-626-0189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #