

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002152

1. Entity Name

MILL CREEK SPORTSMANS CLUB INC.

FILED

Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90068 019 ****61.25

Principal Place of Business

202 QUEEN STREET
MILTON FL 32570

Mailing Address

202 QUEEN STREET
MILTON FL 32570

2. Principal Place of Business

6060 QUERN ST.

3. Mailing Address

6060 QUERN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MILTON FL

City & State
MILTON FL

4. FEI Number 59-3508385

Applied For

Not Applicable

Zip
32570

Country
USA

Zip
32570

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGUYRE, JAMES
7391 PINE BLOSSOM ROAD
MILTON FL 32570

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

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

TITLE DT
NAME CARAWAY, KEITH ☐ Delete
STREET ADDRESS 3874 EBENEZER CHUCH RD
CITY-ST-ZIP JAY FL 32565

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

TITLE D
NAME MCCASKILL, JIMMY ☐ Delete
STREET ADDRESS 3869 EBENEZER CHURCH RD
CITY-ST-ZIP JAY FL 32565

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

TITLE D
NAME THOMAS, KEITH ☐ Delete
STREET ADDRESS 4620 MIMS ISLAND RD
CITY-ST-ZIP JAY FL 32565

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

TITLE D
NAME HARRISON, LARRY ☐ Delete
STREET ADDRESS 2327 CAMORS RD
CITY-ST-ZIP JAY FL 32565

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)(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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/01/02 850-626-0889

Date

Daytime Phone #

CR2E037 (9/01)