

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003156

1. Entity Name

WILLIAMS LAKE AREA HUNTING CLUB, INC.

Principal Place of Business
12778 CHUMUCKLA HWY.
JAY FL 32565

Mailing Address
12778 CHUMUCKLA HWY.
JAY FL 32565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DIAMOND, JOHN MARSHALL
12778 CHUMUCKLA HWY.
JAY FL 32565

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

John Marshall Diamond

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-01

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

TITLE D ☐ Delete
NAME HAWTHORNE, RONNIE
STREET ADDRESS 5624 FIRESTONE DRIVE
CITY-ST-ZIP PACE FL 32571

TITLE D ☐ Delete
NAME DIAMOND, JOHN M
STREET ADDRESS 12778 CHUMUCKLA HWY.
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME HAWTHORNE, WAYNE
STREET ADDRESS 4227 MORRISTOWN ROAD
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME GOMILLION, TONY
STREET ADDRESS 5324 BOB SIKES BLVD.
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME HUDSON, MARSHALL
STREET ADDRESS 4207 MORRISTOWN ROAD
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME MILLER, LOMAX
STREET ADDRESS HIGHWAY 164
CITY-ST-ZIP JAY FL 32565

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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

John Marshall Diamond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-01

Daytime Phone #

1-850-675-6480

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90130 040 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3549414

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

0019136

CR2E037 (10/00)