

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003537

1. Entity Name

HOLLEY MILL CREEK HUNTING CLUB, INC.

Principal Place of Business

3085 SMITH LANE  
JAY FL 32565

Mailing Address

3085 SMITH LANE  
JAY FL 32565-1705

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

59-3518867

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

LLOYD, ADONE  
3085 SMITH LANE  
JAY FL 32565

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 D  
NAME LLOYD, ADONE  
STREET ADDRESS 3085 SMITH LANE  
CITY-ST-ZIP JAY FL 32565 ☐ Delete

TITLE D  
NAME SMITH, LEWIE J  
STREET ADDRESS 3075 HICKORY HOLLOW RD.  
CITY-ST-ZIP JAY FL 32565 ☐ Delete

TITLE D  
NAME JACKSON, AUBREY  
STREET ADDRESS 4599 CARR RD.  
CITY-ST-ZIP JAY FL 32565 ☒ Delete

TITLE D  
NAME BAULDREE, TERRY  
STREET ADDRESS 4881 COUNTRY MILL RD.  
CITY-ST-ZIP JAY FL 32565 ☐ Delete

TITLE D  
NAME STRICKLAND, DYKES  
STREET ADDRESS P. O. BOX 982  
CITY-ST-ZIP JAY FL 32565 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
NAME Terry Bauldree  
STREET ADDRESS 4881 Country Mill Rd  
CITY-ST-ZIP JAY FL 32565 ☒ Change ☐ Addition

TITLE  
NAME Keith WEEKLEY  
STREET ADDRESS 6736 Quintet Rd  
CITY-ST-ZIP Pace FL 32571 ☐ Change ☒ Addition

TITLE  
NAME Terry Diamond  
STREET ADDRESS Hwy 197 A  
CITY-ST-ZIP JAY FL 32565 ☐ Change ☒ Addition

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

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:

*Adonyle R/REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90119 012 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)