

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90100 043 ****61.25

DOCUMENT # N98000003875

1. Entity Name

BELL CREEK WILDLIFE CLUB, INC.



Principal Place of Business

**10113 CHUMUCKLA SPRINGS ROAD
JAY FL 32565**

Mailing Address

**10113 CHUMUCKLA SPRINGS ROAD
JAY FL 32565**

11009007



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3572828**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRISWOLD, MARTIN (MARTY)
10113 CHUMUCKLA SPRINGS ROAD
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRISWOLD, MARTIN (MARTY)	
STREET ADDRESS	10113 CHUMUCKLA SPRINGS ROAD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	THRIFT, WILLIE	
STREET ADDRESS	9880 REBEL ROAD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRISWOLD, LAVON	
STREET ADDRESS	2578 HWY 182	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'KELLEY, RICKY	
STREET ADDRESS	10111 CHUMUCKLA SPRINGS ROAD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HATFIELD, DOUG	
STREET ADDRESS	2311 HWY 182	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COZART, DAVID	
STREET ADDRESS	2050 HWY 185	
CITY-ST-ZIP	JAY FL 32565	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason D. Griswold	
STREET ADDRESS	10113 Chumuckla Springs Rd.	
CITY-ST-ZIP	Jay, FL 32565	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Cozart	
STREET ADDRESS	2050 Hwy 182	
CITY-ST-ZIP	Jay, FL 32565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Martin D. Griswold* **Martin D. Griswold President 3-27-03 850-994-0654**

CR2E037 (10/02)