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FILED

Jun 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S51576 (4)

1. Corporation Name  
GAINESVILLE SPORTSMEN'S CLUB, INC.

Principal Place of Business

414 NE 39TH AVE  
GAINESVILLE FL 32609

Mailing Address

414 NE 39TH AVE  
GAINESVILLE FL 32609-2003



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

05/10/1991

3a. Date of Last Report

08/08/1996

4. FEI Number

59-3064841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HOLMES, RONALD E.  
623 NORTH MAIN STREET  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

Lisa R. Scott

82

Street Address (P.O. Box Number is Not Acceptable)

414 NE 39 Avenue

83

84

City

Gainesville

FL

85

Zip Code

32609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Lisa R. Scott*

May 30, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME PHILLIPS, DAVID  
STREET ADDRESS 414 N.E. 39TH AVE.  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE V ☒ DELETE

NAME WOODS, JOSIE C  
STREET ADDRESS 3411 N.W. 33RD LANE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ST ☒ DELETE

NAME SINCLAIR, SANDY  
STREET ADDRESS 3904 NW 14 STREET  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, S, T ☒ Change ☐ Addition

1.2 NAME Scott, Lisa R.  
1.3 STREET ADDRESS 414 NE 39 Avenue  
1.4 CITY-ST-ZIP Gainesville, FL 32609

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Lisa R. Scott*

May 30, 1997

CR2E034 (9/96)