

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90011 023 \*\*\*\*61.25

**DOCUMENT # 767727**

1. Entity Name

**RAMSEY BEND HUNTING CLUB, INC.**

Principal Place of Business

Mailing Address

**SOUTH OF US 19 AND EAST OF SR 358  
 CROSS CITY FL 32628  
 US**

**P.O. BOX 224  
 CROSS CITY FL 32628-0224  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State

4. FEI Number

**59-2669992**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROCK, JAMES V  
 LOVIE CANNON ROAD  
 CROSS CITY FL 32628**

Name **Larry C. Smith**

Street Address (P.O. Box Number is Not Acceptable)  
**Hwy 19 South**

City **Cross City**

**FL** Zip Code **32628**

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 **P**  Delete  
 NAME **VALENTINE, BRANTLEY**  
 STREET ADDRESS **PO BOX 303 N/A**  
 CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **BROCK, JAMES V**  
 STREET ADDRESS **LOVIE CANNON RD**  
 CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE **ST**  Change  Addition  
 NAME **Larry C. Smith**  
 STREET ADDRESS **Hwy 19 South**  
 CITY-ST-ZIP **Cross City, FL 32628**

TITLE **D**  Delete  
 NAME **VALENTINE, JACKIE**  
 STREET ADDRESS **P.O. BOX 1956**  
 CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **NELSON, ROBERT W**  
 STREET ADDRESS **9801 NELSON**  
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D**  Change  Addition  
 NAME **Kevin Bush**  
 STREET ADDRESS **Hwy 349- HC 4 Box 423**  
 CITY-ST-ZIP **Old Town, FL 32680**

TITLE **D**  Delete  
 NAME **SMITH, LARRY C**  
 STREET ADDRESS **PO BOX 1855 N/A**  
 CITY-ST-ZIP **CROSS CITY FL 32680**

TITLE **D**  Change  Addition  
 NAME **Kevin Futch**  
 STREET ADDRESS **Ward Street**  
 CITY-ST-ZIP **Cross City, FL 32628**

TITLE **D**  Delete  
 NAME **JONES, BYRON L**  
 STREET ADDRESS **10630 LELAND HAWES RD.**  
 CITY-ST-ZIP **THONOTOSASSA FL**

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:

*Signature of Larry C. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-17-2000**

CR2E037 (9/99)