

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90135 023 ****61.25

DOCUMENT # 767727

1. Entity Name

RAMSEY BEND HUNTING CLUB, INC.

911478



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, LARRY C
 HWY 19 SOUTH
 CROSS CITY FL 32628**

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 NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	VALENTINE, BRANTLEY	
CITY-ST-ZIP	PO BOX 303 N/A CROSS CITY FL 32628	
TITLE NAME	ST	<input type="checkbox"/> Delete
STREET ADDRESS	SMITH, LARRY C	
CITY-ST-ZIP	HWY 19 SOUTH CROSS CITY FL 32628	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	VALENTINE, JACKIE	
CITY-ST-ZIP	P.O. BOX 1956 CROSS CITY FL 32628	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	BUSH, KEVIN	
CITY-ST-ZIP	HWY 349 -HC 4 BOX 423 OLD TOWN FL 32680	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	FUTCH, KEVIN	
CITY-ST-ZIP	WARD STREET CROSS CITY FL 32628	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	JONES, BYRON L	
CITY-ST-ZIP	10630 LELAND HAWES RD. THONOTOSASSA FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01

CR2E037 (10/00)