

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90279 038 ****61.25

DOCUMENT # 767727

1. Entity Name
RAMSEY BEND HUNTING CLUB, INC.

Principal Place of Business SOUTH OF US 19 AND EAST OF SR 358 CROSS CITY FL 32628 US	Mailing Address P.O. BOX 224 CROSS CITY FL 32628-0224 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2669992	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SMITH, LARRY C
HWY 19 SOUTH
CROSS CITY FL 32628

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert W. Owens <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 534 Cross City FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lance Ingram <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 4 High Springs FL 32655

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 DATE: 2-22-02

CR2E037 (9/01)