

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

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90044 003 \*\*\*\*61.25

0070670

**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**

**90001998**



CHECK HERE IF MAKING CHANGES

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

**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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VALENTINE, BRANTLEY</b>	
STREET ADDRESS	<b>PO BOX 303 N/A</b>	
CITY-ST-ZIP	<b>CROSS CITY FL 32628</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, LARRY C</b>	
STREET ADDRESS	<b>HWY 19 SOUTH</b>	
CITY-ST-ZIP	<b>CROSS CITY FL 32628</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>VALENTINE, JACKIE</b>	
STREET ADDRESS	<b>P.O. BOX 1956</b>	
CITY-ST-ZIP	<b>CROSS CITY FL 32628</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUSH, KEVIN</b>	
STREET ADDRESS	<b>HWY 349 -HC 4 BOX 423</b>	
CITY-ST-ZIP	<b>OLD TOWN FL 32680</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OWENS, ROBERT W</b>	
STREET ADDRESS	<b>PO BOX 534</b>	
CITY-ST-ZIP	<b>CROSS CITY FL 32628</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, BYRON L.</b>	
STREET ADDRESS	<b>10630 LELAND HAWES RD.</b>	
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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: *Larry C Smith* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 (352) 498-5568