

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90152 018 \*\*\*\*70.00

**DOCUMENT # N35323**

1. Entity Name

OCHESSEE SPORTSMAN CLUB, INC. *P*

Principal Place of Business

RT 2 BOX 733R - COUNTY ROAD 194  
 BLOUNTSTOWN FL 32424

Mailing Address

RT 2 BOX 733R - COUNTY ROAD 194  
 BLOUNTSTOWN FL 32424

2. Principal Place of Business

18522 NE BE Barfield Rd  
 Suite, Apt. #, etc.

3. Mailing Address

18522 NE BE Barfield Rd  
 Suite, Apt. #, etc.

A0077100



DO NOT WRITE IN THIS SPACE

City & State

Altha FL

City & State

Altha FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32421

Country

Calhoun

Zip

32421

Country

Calhoun

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARFIELD, BENNY E.  
 RT. 2, BOX 733R  
 COUNTY ROAD 194  
 BLOUNTSTOWN FL 32424

*change of address only*

7. Name and Address of New Registered Agent

Name: Benny E Barfield

Street Address (P.O. Box Number is Not Acceptable): 18522 NE BE Barfield Rd

City: Altha

FL

Zip Code: 32421

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**  
**After September 13, 2000 min. will be \$236.25**

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: D  Delete  
 NAME: MOLTON, LAMAR  
 STREET ADDRESS: 2102 RIVER RD  
 CITY-ST-ZIP: SNEADS FL

TITLE: D  Delete  
 NAME: BARFIELD, JARROD  
 STREET ADDRESS: RT. 2, BOX 733R COUNTY ROAD 194  
 CITY-ST-ZIP: BOUNTSTOWN FL

TITLE: D  Delete  
 NAME: MCCLAMMA, WADE  
 STREET ADDRESS: 114 MIDDLE RUN DR  
 CITY-ST-ZIP: SNEADS FL

TITLE: D  Delete  
 NAME: TRICKEY, ALLEN  
 STREET ADDRESS: HWY 274W  
 CITY-ST-ZIP: ALTHA FL

TITLE: D  Delete  
 NAME: HOLLIS, BENNIE  
 STREET ADDRESS: P.O. BOX 418, HWY. 71S  
 CITY-ST-ZIP: ALTHA FL 32421

TITLE: D  Delete  
 NAME: BARFIELD, BENNY  
 STREET ADDRESS: RT. 2, BOX 733R COUNTY RD 194  
 CITY-ST-ZIP: BLOUNTSTOWN FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME: Benny Barfield  
 STREET ADDRESS: 18522 NE BE Barfield Rd  
 CITY-ST-ZIP: Altha FL 32421

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: *Benny Barfield*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00  
 Date

850-762-4863  
 Daytime Phone #

CR2E037 (5/00)