

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90037 030 ****70.00

DOCUMENT # N35323

1. Entity Name
OCHESSEE SPORTSMAN CLUB, INC.

Principal Place of Business Mailing Address
18522 NE BE BARFIELD RD **18522 NE BE BARFIELD RD**
ALTHA FL 32421 **ALTHA FL 32421**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

BARFIELD, BENNY E.
18522 NE BE BARFIELD RD
ALTHA FL 32421

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MOLTON, LAMAR	
STREET ADDRESS	2102 RIVER RD	
CITY-ST-ZIP	SNEADS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARFIELD, JARROD	
STREET ADDRESS	21103 NE MACEDONIA ROAD	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLAMMA, WADE	
STREET ADDRESS	114 MIDDLE RUN DR	
CITY-ST-ZIP	SNEADS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRICKEY, ALLEN	
STREET ADDRESS	HWY 274W	
CITY-ST-ZIP	ALTHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLIS, BENNIE	
STREET ADDRESS	P.O. BOX 418, HWY. 71S	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARFIELD, BENNY	
STREET ADDRESS	18522 NE BE BARFIELD RD	
CITY-ST-ZIP	ALTHA FL 32421	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Benny Barfield*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/02
 Date

Daytime Phone #

CR2E037 (9/01)