

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006321

1. Entity Name

IAMONIA LAKE HUNTING AND FISHING CLUB, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90080 024 \*\*\*\*61.25

Principal Place of Business 117 S PEAR STREET BLOUNTSTOWN FL 32424	Mailing Address P O BOX 360 BLOUNTSTOWN FL 32424-0360 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0609996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STOUTAMIRE, WILLIAM F  
117 S PEAR STREET  
BLOUNTSTOWN FL 32424

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 *William F. Stoutamire* 3-24-2000  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, PHILLIP 1807 RIVER ST. BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, HAYES 1701 S. PEAR BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLELLAN, HENTZ 119 RIVER ST. BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, TRUMAN 100 CHIPOLA RD. BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLEY, JOHNNY 239 N. MAIN ST. BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLELLAN, GENE 304 GASKIN ST. BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Robert Turner P. O. Box 366 Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Cleve Fleming 418 Cedar Street Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Mike Halley 239 North Main Street Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O William F. Stoutamire P. O. Box 360 Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O John Charles Peacock P. O. Box 613 Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Gus McClellan P. O. Box 135 Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *William F. Stoutamire* 3-24-2000 850-674-5974  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)