

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90188 037 ****61.25

DOCUMENT # N94000006321

1. Entity Name

IAMONIA LAKE HUNTING AND FISHING CLUB, INC.

Principal Place of Business

16783 SE South Pear St.
~~417 S PEAR STREET~~
BLOUNTSTOWN FL 32424

Mailing Address

P O BOX 360
BLOUNTSTOWN FL 32424
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0609996

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

7. Name and Address of New Registered Agent

STOUTAMIRE, WILLIAM F

~~417 S PEAR STREET~~ **16783 SE South Pear St**
BLOUNTSTOWN FL 32424

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-30-01

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **MCMILLAN, PHILLIP**
 CITY-ST-ZIP **1807 RIVER ST.**
BLOUNTSTOWN FL 32424

TITLE ☐ Change ☒ Addition
 NAME **O**
 STREET ADDRESS **William F. Stoutamire**
 CITY-ST-ZIP **16783 SE SOUTH PEAR STREET**
BLOUNTSTOWN, FL 32424

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LEONARD, HAYES**
 CITY-ST-ZIP **1701 S. PEAR**
BLOUNTSTOWN FL 32424

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **JOHN CHARLES PEACOCK**
 CITY-ST-ZIP **P. O. BOX 613**
BLOUNTSTOWN, FL 32424

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCLELLAN, HENTZ**
 CITY-ST-ZIP **119 RIVER ST.**
BLOUNTSTOWN FL 32424

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **GUS MCCLELLAN**
 CITY-ST-ZIP **P. O. BOX 135**
BLOUNTSTOWN, FL 32424

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HOLLEY, TRUMAN**
 CITY-ST-ZIP **100 CHIPOLA RD.**
BLOUNTSTOWN FL 32424

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **EDWARD CURLEE**
 CITY-ST-ZIP **P. O. BOX 212**
BLOUNTSTOWN, FL 32424

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HALLEY, JOHNNY**
 CITY-ST-ZIP **239 N. MAIN ST.**
BLOUNTSTOWN FL 32424

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **JACK GASKIN**
 CITY-ST-ZIP **1010 HIGHWAY 71 SOUTH**
BLOUNTSTOWN, FL 32424

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCLELLAN, GENE**
 CITY-ST-ZIP **304 GASKIN ST.**
BLOUNTSTOWN FL 32424

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-01

850-674-5974

Date

Daytime Phone #

CR2E037 (10/00)