

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000006321**

1. Entity Name

**IAMONIA LAKE HUNTING AND FISHING CLUB, INC.****FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90123 047 \*\*\*\*61.25

Principal Place of Business

**117 S PEAR STREET  
BLOUNTSTOWN FL 32424**

Mailing Address

**P O BOX 360  
BLOUNTSTOWN FL 32424  
US**

2. Principal Place of Business

**16783 SE South Pear Street**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0609996**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$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

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

(NOTE: Registered Agent signature required when reinstalling)

02-22-2003

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **John Charles Peacock**  
CITY-ST-ZIP **P. O. Box 613  
Blountstown, Fl 32424**TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Gus McClellan**  
CITY-ST-ZIP **P. O. box 135  
Blountstown, Fl 32424**TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Edward Curlee**  
CITY-ST-ZIP **P. O. Box 212  
Blountstown, Fl 32424**TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Jack Gaskin**  
CITY-ST-ZIP **16236 SR 71 South  
Blountstown, Fl 32424**TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Burke Hayes**  
CITY-ST-ZIP **P. O. Box 417  
Blountstown, Fl 32424**TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Mike Leonard**  
CITY-ST-ZIP **11263 SW CR 275  
Blountstown, Fl 32424**

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

02-22-02

Date

850-674-5974

Daytime Phone #

CR2E037 (9/01)