

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90057 035 ****61.25

DOCUMENT # N94000006321

1. Entity Name

IAMONIA LAKE HUNTING AND FISHING CLUB, INC.



Principal Place of Business

**16783 SE PEAR ST.
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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**STOUTAMIRE, WILLIAM F
117 S PEAR STREET
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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **John Charles Peacock**
STREET ADDRESS **P. O. Box 613**
CITY-ST-ZIP **Blountstown, FL 32424**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Gus McClellan**
STREET ADDRESS **P. O. Box 135**
CITY-ST-ZIP **Blountstown, FL 32424**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Edward Curlee**
STREET ADDRESS **P. O. Box 212**
CITY-ST-ZIP **Blountstown, FL 32424**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Jack Gaskin**
STREET ADDRESS **16236 SR 71 South**
CITY-ST-ZIP **Blountstown, FL 32424**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Burke Hayes**
STREET ADDRESS **P. O. Box 417**
CITY-ST-ZIP **Blountstown, FL 32424**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Mike Leonard**
STREET ADDRESS **11263 SW CR 275**
CITY-ST-ZIP **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

01-10-2003

850-674-5974

CR2E037 (10/02)