

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790482

1. Entity Name

FLORIDA BRAHMAN ASSOCIATION, INC.

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90009 041 ****61.25

Principal Place of Business

FLORIDA CATTLEMEN'S ASSOCIATION BUILDING
1818 N. BERMUDA AVENUE
KISSIMMEE FL 34741

Mailing Address

15995 BELLAMY DR BLVD
DADE CITY FL 33523
US

2. Principal Place of Business

3. Mailing Address

17231 Bellamy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dade City, FL

Zip

Country

Zip

Country

33523

4. FEI Number 59-6151508

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILLARD, ED
15995 BELLAMY BROS BLVD
DADE CITY FL 33523

Name Larry Barthle

Street Address (P.O. Box Number is Not Acceptable)

17231 Bellamy Blvd.

City

Dade City,

FL

Zip Code 33523

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 Larry Barthle President

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
After September 12, 2001, min. will be \$236.25

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 SVD
NAME BAILEY, AUBREY
STREET ADDRESS RT 2, BOX 1634
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME DILLARD, ED
STREET ADDRESS 15995 BELLAMY BROS. BLVD
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

TITLE DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ST
NAME DILLARD, JAN B
STREET ADDRESS 15995 BELLAMY BROS BLVD
CITY-ST-ZIP DADE CITY FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SHACKELFORD, MARCUS
STREET ADDRESS P.O. BOX 935 N/A
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BARTHLE, LARRY
STREET ADDRESS 17231 BELLAMY BROS BLVD
CITY-ST-ZIP DADE CITY FL ☐ Delete

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME WALLACE, DEE
STREET ADDRESS 400 JFK MEMORIAL BLVD
CITY-ST-ZIP W PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Larry Barthle RE Larry Barthle (President) 7/20/01 352 588 3011