

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790482

1. Entity Name

FLORIDA BRAHMAN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

17231 BELLAMY BLVD
DADE CITY FL 33523
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6151508

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

BARTHLE, LARRY
17231 BELLAMY BLVD
DADE CITY FL 33523

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)

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

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

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

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

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

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

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

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

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

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

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

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:

Larry Barthle REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 352 588 3011

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE