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

0018066

DOCUMENT # 790482

1. Entity Name

FLORIDA BRAHMAN ASSOCIATION, INC.

FILED

03 SEP 22 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-23-03 90143 335 $61.25

☐ CHECK HERE IF MAKING CHANGES 03

Principal Place of Business	Mailing Address
FLORIDA CATTLEMEN'S ASSOC BLDG 1818 N. BERMUDA AVENUE KISSIMMEE FL 34741 US	17231 BELLAMY BLVD DADE CITY FL 33523 US

2. Principal Place of Business	3. Mailing Address
	Marcus D. Shackelford
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 935
City & State	City & State Wauchula
Zip / Country	Zip / Country 33873 / HARDEE

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: Marcus D. Shackelford Street Address (P.O. Box Number is Not Acceptable): 840 WINGATE Road City: WAUCHULA, FL Zip Code: 33873

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: Marcus D Shackelford

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 10, 2003, min will be $236.25

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. Req'd ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD BAILEY, AUBREY RT 2, BOX 1634 LAKE CITY FL 32024	☐ Delete	Marcus D. Shackelford P.O. Box 935 Wauchula, FL 33873-0935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLARD, ED 15995 BELLAMY BROS. BLVD DADE CITY FL 33525	☐ Delete	V.P. Kevin Norris 4315 Oak Thicket Lane Zolfo Springs, FL 33890	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DILLARD, JAN B 15995 BELLAMY BROS BLVD DADE CITY FL 33523	☐ Delete	D Larry Barthle 1723 N. Bellany Road DADE City, FL 33523	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHACKELFORD, MARCUS P.O. BOX 935 N/A WAUCHULA FL	☐ Delete	T Janet Partin 2730 Neptune Road, Kissimmee ~~Dade~~ City, FL 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARTHLE, LARRY 17231 BELLAMY BROS BLVD DADE CITY FL	☐ Delete	D. Jimmy Chapman 3650 N Canoe Creek Rd Kenansville, FL. 34739	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, DEE 400 JFK MEMORIAL BLVD W PALM BEACH FL	☐ Delete	D. Mike Partin 2730 ~~Ne~~ Neptune Rd Kissimmee, FL 34774	☑ Change ☐ Addition

CR2E037 (4/03)

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 empowerment.

SIGNATURE: Marcus D Shackelford 9-17-03 863-773-4616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #