

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0052015

DOCUMENT # N03300

1. Entity Name

SARASOTA COUNTY CATTLEMEN'S ASSOCIATION, INC.

03-03-2002 90108 007 ****61.25

Principal Place of Business

Mailing Address

1010 CATTLEMAN RD
 SARASOTA FL 34232
 US

1010 CATTLEMEN RD
 SARASOTA FL 34232
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2665419

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BISPAN, CY J
1010 CATTLEMAN RD
SARASOTA FL 34232

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: **SD** Delete
 NAME: **EGOLF, DEBBIE**
 STREET ADDRESS: **1854 JOSHUE DR**
 CITY-ST-ZIP: **SARASOTA FL 38240**

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

TITLE: **TD** Delete
 NAME: **BISHPAM, CYRUS, JR.**
 STREET ADDRESS: **7900 IBIS AVE.**
 CITY-ST-ZIP: **SARASOTA FL**

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

TITLE: **PD** Delete
 NAME: **MARTIN, ROBBIE**
 STREET ADDRESS: **7756 CAMPBELL RD**
 CITY-ST-ZIP: **SARASOTA FL 34240**

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

TITLE: **VP** Delete
 NAME: **DONNS, CHUCK**
 STREET ADDRESS: **P.O. BOX 17052**
 CITY-ST-ZIP: **SARASOTA FL 34276**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Date

941-371-6591

Daytime Phone #

CR2E037 (9/01)