2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90136 024 ****61.25

DOCUMENT # N13222

1. Entity Name

THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC

Principal Place of Business	Mailing Address
C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON FL 32693	C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON FL 32693-0308

DO NOT WRITE IN THIS SPACE

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 59-2877209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURT, THEODORE M.
114 NORTHEAST FIRST STREET
TRENTON FL 32693

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TEW, DENNIS 3449 SE 5TH TRAIL TRENTON FL 32693	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D JOHNSON, MARY ANN 7440 SW CR 334 ~~TRENTON, FL 33693~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTTA, STEVE 1005 NW 17TH AVE CHEIFLND FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LORD, ROGER 721 NE 3rd STREET TRENTON, FL 32693	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, SCOTT 3660 NW CR 342 BELL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D KIRBY, LINDA 8410 SE 70th AVENUE ~~TRENTON, FL 32693~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, GALEN 721 N.E. 3RD LANE TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRICKLAND, TOMMY P.O. BOX 994 N/A TRENTON FL 32693	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HALEY, CLOUD 621 NE 9TH STREET TRENTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D HALEY, CLOUD 621 NE 9th STREET ~~TRENTON, FL 32693~~	☒ 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: SIGNATURE REQUIRED 04/25/00 (352) 463-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #