2002 UNIFORM BUSINESS REPORT (UBR)

0065644

DOCUMENT # N13222

1. Entity Name

THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC

FILED
02 APR 26 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

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	7. Name and Address of New Registered Agent
BURT, THEODORE M. 114 NORTHEAST FIRST STREET TRENTON FL 32693	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.

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-04/26/02--01045--016

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

*****96.25 *****61.25

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	VPT LORD, ROGER 721 NE 3RD ST TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Mike Casey Swilly Cir. 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	D John Ayers SW 82nd Lane 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	D/T Robert Beach 760 SW 150TH ST Trenton, Fl, 32693	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KORTESSIS, MARY 9699 N US HIGHWAY 129 BELL FL 32619	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Reese Rowland 710 NE 16TH ST Trenton, Fl. 32693	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALEY, CLOUD<br~~621 NE 9TH STREET~~ 621 NE 2nd St. TRENTON FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Doug Beach P.O. Box 281 Trenton, Fl. 32693	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Spayne	☐ Change ☐ Addition

CR2E037 (9/01)

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 4-22-02 352-463-2346

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