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

DOCUMENT # N13222

1. Entity Name

THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC



FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90181 045 ****61.25

	nnio i coulti i n	LONEATION	NE AUTHORITT, INC			55.					
Principal Place of Business C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON FL 32693		Mailing Address C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON FL 32693			1141411111111		 6 6 6 6 6 6 6 6	41 0 11 01011 011	8 8 8 (88)		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	de		City & State			4. FEI Number	59-2877209			pplied For lot Applicable	
Zip	Country	'	Zip	Cou	ntry	5. Certificate of	f Status Desired		8.75 Ad	Iditional	
	6. Name and Addre	ss of Current Re	egistered Agent			7. Name and A	ddress of New Re	gistered A	gent		
					Name	·					
BURT, TH	HEODORE M			ŀ		ress (P.O. Box Number			-		
114 NOR	THEAST FIRST STREE	:T			ou cor / total	. CCS () (CS CON 140111) CCC					
TRENTON	N FL 32693			Ī							
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SIGNATURE .											
		of registered agent and	title if applicable (NOT	F: Registered	Agent signature re	equired when reinstating)		DATE			
	Signature, typed or printed name	of registered agent and	title if applicable. (NOT	E: Registered	Agent signature re	required when reinstating)		DATE			
			9. Election Car Trust Fund C	mpaign Fi	nancing	\$5.00 May Be		DATE e Check a Departr			
10.	Signature, typed or printed name FILE NOW: FEE IS OFFIC		9. Election Car Trust Fund (mpaign Fi	nancing	\$5.00 May Be Added to Fees		e Check a Departr	nent of	State	
10.	Signature, typed or printed name FILE NOW: FEE IS OFFICE PD VP	\$61.25	9. Election Car Trust Fund (mpaign Fil Contributio	nancing on.	\$5.00 May Be Added to Fees	Florida	e Check a Departr	ment of	State N 10	
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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:

SICALON TO LOUGIOU Hale

3-19-63 (3527463.28)

CR2E037 (10/02)