

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90154 044 \*\*\*\*61.25

**DOCUMENT # N34962**

1. Entity Name  
**FLORIDA MEAT GOAT ASSOCIATION, INC.**

Principal Place of Business 2563 SW 208TH ST. LAKE CITY FL 32024 US	Mailing Address 2563 SW 208TH ST. LAKE CITY FL 32024 US
--	--

2. Principal Place of Business <i>6915 Railroad St.</i>	3. Mailing Address <i>cto swart</i> <i>6915 Railroad St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Live Oak FL</i>	City & State <i>Live Oak FL</i>	4. FEI Number <b>59-2983485</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32060</i>	Country <i>Swannee</i>	Zip <i>32060</i>	Country <i>Swannee</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CARPENTER, RONALD A.**  
**4127 NW 27TH LANE**  
**GAINESVILLE FL 32606**

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 \_\_\_\_\_ (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	
TITLE PD NAME WILLIAM, HAGLER STREET ADDRESS 9106 SE 137 BLVD CITY-ST-ZIP WHITE SPRINGS FL 32096	<input checked="" type="checkbox"/> Delete
TITLE TD NAME GREENE, CYNTHIA D STREET ADDRESS 2563 SW 208TH ST. CITY-ST-ZIP LAKE CITY FL 32024	<input checked="" type="checkbox"/> Delete
TITLE S NAME SMITH, JAN STREET ADDRESS 4525 LOWE LAKE CITY-ST-ZIP WELLBORN FL 32094	<input checked="" type="checkbox"/> Delete
TITLE VD NAME CHAMBERLIN, FLORENCE STREET ADDRESS 3584 134 PL CITY-ST-ZIP WELLBORN FL 32094	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME Touchstone, Richard STREET ADDRESS Rt 2 Box 831 CITY-ST-ZIP Lake Butler FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME Swart, Karen STREET ADDRESS 6915 Railroad St. CITY-ST-ZIP Live Oak FL 32060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME Lucas Joanne STREET ADDRESS 20014 NW 262 Ave CITY-ST-ZIP High Springs FL 32643	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME Key, Todd STREET ADDRESS P.O. Box 5241 CITY-ST-ZIP Gainesville FL 32627	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **FILED** *1/31/02* *386-963-2109*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/01)