

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40213

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA DISABLED OUTDOORS ASSOCIATION, INC.

**Current Principal Place of Business:**

% DAVID C. JONES  
2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32309 US

**Current Mailing Address:**

% DAVID C. JONES  
2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32309 US

FEI Number: 59-3051552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, DAVID C.  
2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

DAVID C. JONES  
2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32309 US

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: DAVID C. JONES

05/01/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JONES, DAVID C.,  
Address: 2213 TALLAHASSEE DRIVE  
City-St-Zip: TALLAHASSEE, FL

Title: DV ( ) Delete  
Name: FARREN, RICK,  
Address: 401 EAST BEACH DR  
City-St-Zip: ST GEORGE ISLAND, FL

Title: DST ( ) Delete  
Name: CUNNINGHAM, CLINT,  
Address: 7024 LAKE BASIN  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: JONES, DAVID C.,  
Address: 2213 TALLAHASSEE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. JONES

DP

05/01/2002

Electronic Signature of Signing Officer or Director

Date