2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **N96000005009** 01-24-2000 90059 005 ****61.25 WEST FLORIDA LIVESTOCK ASSOCIATION INC. Principal Place of Business Mailing Address 2140 W. JEFFERSON STREET 2140 W. JEFFERSON STREET OUINCY FL 32351-1905 QUINCY FL 32351 905346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3408389 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRANT, HENRY G 2140 W JEFFERSON ST QUINCY FL 32351 City 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 Henry G. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (66/6) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME VANLANDINGHAM, BILLY STREET ADDRESS STREET ADDRESS RT 4 BOX 135 CITY-ST-7IP CITY-ST-ZIP QUINCY FL 32351 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GRANT, HENRY NAME STREET ADDRESS STREET ADDRESS 2140 W. JEFFERSON ST. CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351 ☐ Change Addition ☐ Defete TITLE POUCHER, AL NAME STREET ADDRESS STREET ADDRESS 1720 TELOGIA CREEK RD CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351 ☐ Delete ■ Addition TITLE SUBER, STEWART NAME NAME STREET ADDRESS STREET ADDRESS P.O BOX 349 N/A CITY-ST-ZIP CITY-ST-7IP QUINCY FL Addition ☐ Delete TITLE ☐ Change TITLE HEITMEYER, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 915 PAUL RUSSELL ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LEWIS, LYNN NAME STREET ADDRESS STREET ADDRESS RT 3 BOX 10 N/A CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 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.

FILED