

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90006 027 ****61.25

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DOCUMENT # N96000005009

1. Entity Name

WEST FLORIDA LIVESTOCK ASSOCIATION INC.

Principal Place of Business

2140 W. JEFFERSON STREET
 QUINCY FL 32351

Mailing Address

2140 W. JEFFERSON STREET
 QUINCY FL 32351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3408389

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRANT, HENRY G
2140 W JEFFERSON ST
QUINCY FL 32351

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

Signature, typed or printed name of registered agent and title if applicable.

(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	P	<input type="checkbox"/> Delete
NAME	VANLANDINGHAM, BILLY	
STREET ADDRESS	RT 4 BOX 135	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRANT, HENRY	
STREET ADDRESS	2140 W. JEFFERSON ST.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	POUCHER, AL	
STREET ADDRESS	1720 TELOGIA CREEK RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUBER, STEWART	
STREET ADDRESS	P.O BOX 349 N/A	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEITMEYER, LAWRENCE	
STREET ADDRESS	915 PAUL RUSSELL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, LYNN	
STREET ADDRESS	RT 3 BOX 10 N/A	
CITY-ST-ZIP	QUINCY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maxwell, Robbie	
STREET ADDRESS	95 W. Martin Rd.	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernard Lewis	
STREET ADDRESS	591 Lewis LN	
CITY-ST-ZIP	Quincy, FL 32351-9313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, John Allen	
STREET ADDRESS	96 John Allen Smith Rd	
CITY-ST-ZIP	Chattahoochee, FL 32334	

CR2E037 (10/00)

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: Henry G. Grant (850) 875-7255
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #