

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

**FILED**  
Feb 04, 2003 8:00 am  
Secretary of State

02-04-2003 90076 036 \*\*\*\*61.25

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**

**30017500**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VANLANDINGHAM, BILLY</b>	
STREET ADDRESS	<b>519 TELOGIA CREEK RD</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GRANT, HENRY</b>	
STREET ADDRESS	<b>2140 W. JEFFERSON ST.</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>POUCHER, AL</b>	
STREET ADDRESS	<b>1720 TELOGIA CREEK RD</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAXWELL, ROBBIE</b>	
STREET ADDRESS	<b>95 W MARTIN RD</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERNARD, LEWIS</b>	
STREET ADDRESS	<b>591 LEWIS LN</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351-9313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, JOHN ALLEN</b>	
STREET ADDRESS	<b>96 JOHN ALLEN SMITH RD</b>	
CITY-ST-ZIP	<b>CHATTAHOOCHEE FL 32334</b>	

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	<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	

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 REQUIRED**

02/03/03 (850) 875-7255

CR2E037 (10/02)