

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790835

1. Entity Name

FLORIDA ANGUS ASSOCIATION

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90018 012 ****61.25

Principal Place of Business

Mailing Address

230 N.E. 25TH AVENUE
OCALA FL 34470

230 N.E. 25TH AVENUE
OCALA FL 34470-7080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6139014

Applied For

Not Applicable

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

DEAN & DEAN, LLP
230 N.E. 25TH AVENUE
OCALA FL 34470

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WINTER, CALVIN A
STREET ADDRESS 1601 HIGHLAND DR
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☒ Addition
NAME *PRESIDENT DONALD Bailey*
STREET ADDRESS *8510 Bailey DR*
CITY-ST-ZIP *CLERMONT FL 34712*

TITLE STD ☐ Delete
NAME MCCLAIN, STANLEY E.
STREET ADDRESS RT 4 BOX 1561
CITY-ST-ZIP MADISON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME STOTLER, RICK
STREET ADDRESS 8105 GILLIAM RD
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☒ Addition
NAME *SECRETARY/TREASURER*
STREET ADDRESS *Debbie Gilmore*
CITY-ST-ZIP *400 MEHANS RD*
MOLINO FL 32577

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 407 886 7555

CR2E037 (9/99)