

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90058 013 ****61.25

0078528

DOCUMENT # 790835

1. Entity Name

FLORIDA ANGUS ASSOCIATION

Principal Place of Business

230 N.E. 25TH AVENUE
OCALA FL 34470

Mailing Address

230 N.E. 25TH AVENUE
OCALA FL 34470

2. Principal Place of Business

103 N. HARRY ST.

3. Mailing Address

103 N. HARRY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MADISON, FL.

City & State

MADISON, FL.

4. FEI Number

59-6139014

Applied For

Not Applicable

Zip

32340

Country

Zip

32340

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **KAY S. SCHNITKER CPA**
Street Address (P.O. Box Number is Not Acceptable)
103 N. HARRY ST.
City **MADISON, FL** Zip Code **32340**

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 **Kay Schnitker, CPA**

KAY S. SCHNITKER

3/19/01

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

TITLE **STD** ☐ Delete
NAME **GILMORE, DEBBIE**
STREET ADDRESS **400 MEHANG ROL**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **D** ☐ Delete
NAME **CHARLES CRAMPTON**
STREET ADDRESS **1517 KUALACRES DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **D** ☐ Delete
NAME **LAN TULP**
STREET ADDRESS **RT 3 BOX 354-C**
CITY-ST-ZIP **LAKE CITY, FL 32055**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SPENCER DILLON** ☐ Change ☐ Addition
NAME **053 020 119 14**
STREET ADDRESS **103 N. HARRY ST.**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE **CRAMPTON** ☐ Change ☐ Addition
NAME **STANLEY E. MCCLAIN**
STREET ADDRESS **RT 4 BOX 1561**
CITY-ST-ZIP **MADISON FL 32340**

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

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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-01 850-434-1057
Date Daytime Phone #

CR2E037 (10/00)