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200	1 UNIFORM BUS	INESS REPO	RT (UBI	R) ~				
DOCUMENT # N9600005685								
MID FLO	orida Buckskin associa	FION, INC.	•	01 NOV 21				
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	ce of Business	Mailing Address		SECRETARY O	F STATE FLORIDA			
RT 3 BOX 10 GAINESVILLE		RT 3 BOX 106B GAINESVILLE FL 32653		IALLAHASSEL	1 COMBA			
US		US		20	0004718	2172	6	
	<u> </u>				IIII HEBUSAYAYA			
2. Principal F	Place of Business S. R. 415	3. Mailing Address S. A. 4K	5				HEMMH	
Suite, Apt.		. Suite, Apt. #, etc.		INCUSCT	DOME WHEN	SPACE /) 	
Qity & Stat	<u> </u>	_ City & State		THE DIED I	Maria Property		plied For	
(Jun	Snyrra Beach F	1 Dew SneyenA	Ach Fl	4. FEI Number	59-3397629		t Applicable	
zio 3211	Country	Zip	Country	5. Certificate of S	itatus Desired	\$8.75 Add		
<u> </u>	6. Name and Address of Current	Registered Agent	UŠA	7. Name and Ad	dress of New Registered	Fee Require	a	
			Name	Brenda (
KELLEY,	ΚΔΥ		Street A	ddress (P.O. Box Number is		~		
10308 NW 161ST ST		U ₂ a	1.0	185 5, K. 4	15			
ALACHUA	A FL 32615		City			T 75- C		
_	·		City	ew SmyRA	Beach Fl	L Zin Cod	68	
8. The above	named entity submits this statement for	or the purpose of changing its r	registered office o	r registered agen ? or both, ii	the state of Florida.			
	بالسيال				^			
SIGNATURE	Kuthy My	ALA)	Desintered Aprel since	ure required when reinstating)	9-1	5-01		
	Signature, typed or printed frame or registered again	MOTE:	negistered Agent signati	ure required when reinstating)	DATE			
FILE NOW: 9. Election Campaign F		Financing						
FEE IS \$61.25		Trust Fund Contribu	Trust Fund Contribution.				nt of State	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	DIRECTORS IN	10	
TITLE	Р .	Delete	TITLE	President				
NAME STREET ADDRESS	KELLEY, KAY	/\		_ PRESIDEE		Change	NGOILION	
STREET ADDRESS	ACCOC BUSY ACACE OF	,,	NAME CYPECT ADDRESS	BRENda y.	Johnson	¥ 1 Change	E Addition	
CITY-ST-ZIP	10308 NW 161ST ST ALACHUA FL 32615	,.	NAME STREET ADDRESS CITY-ST-ZIP	BRENDA Y		V ∏ Change	(Sa Magillon	
CITY-ST-ZIP TITLE	10308 NW 161ST ST ALACHUA FL 32615 V	₩ Delete	STREET ADDRESS	BRENDA Y		Change	Addition	
TITLE NAME	ALACHUA FL 32615 V WILLIAMS, ROBIN	Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	BRENDA Y. Vice Persident Debolth Pe				
TITLE	ALACHUA FL 32615 V WILLIAMS, ROBIN 610 SW BEND POINT	. ▼Delete	STREET ADDRESS CITY-ST-ZIP TITLE	BRENDA Y			Addition	
TITLE NAME STREET ADDRESS	ALACHUA FL 32615 V WILLIAMS, ROBIN		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BRENDA Y. Vice President Debolati Fe	nbeefor	Change	Addition	
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Liza Childers HOLTON, SUZANNE NAME STREET ADDRESS 15631 NW CR 231 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32609 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. 9-15-01 SIGNATURE: KASKAMAZLITE REQUIRED

