

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

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90129 011 \*\*\*\*61.25

**DOCUMENT # 790835**

1. Entity Name

**FLORIDA ANGUS ASSOCIATION**



Principal Place of Business

103 N. HARRY ST.  
MADISON FL 32340

Mailing Address

103 N. HARRY ST.  
MADISON FL 32340

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNITKER, KAY S CPA**  
103 N. HARRY ST.  
MADISON FL 32340

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**  
**After September 10, 2003, min will be \$236.25**

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 **P** ☒ Delete  
NAME **DONALD, BAILEY**  
STREET ADDRESS **8510 BAILEY DR**  
CITY-ST-ZIP **CLERMONT FL 34712**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Matt Warren**  
STREET ADDRESS **Po Box 2782**  
CITY-ST-ZIP **Chiefland FL 32644**

TITLE **STD** ☐ Delete  
NAME **BROWN, CHONTELLE S**  
STREET ADDRESS **592 SW STEADMAN GLN**  
CITY-ST-ZIP **FORT WHITE FL 32038**

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

TITLE **D** ☒ Delete  
NAME **STOTLER, RICK**  
STREET ADDRESS **8105 GILLIAM RD**  
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **VD** ☐ Delete  
NAME **GILMORE, DEBBIE**  
STREET ADDRESS **400 MEHARG RD**  
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **President Director** ☒ Change ☐ Addition  
NAME **Debbie Gilmore**  
STREET ADDRESS **400 Meharg Rd**  
CITY-ST-ZIP **Molino FL 32577**

TITLE **VD** ☐ Delete  
NAME **GUFFEY, CRAIG**  
STREET ADDRESS **1721 CEDAR SPRINGS RD**  
CITY-ST-ZIP **ASHFORD AL 36312**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME **Roy Petteway**  
STREET ADDRESS **2150 Ramon Petteway Rd**  
CITY-ST-ZIP **Latford Springs FL 33890**

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:

**Chontelle S Brown** 07/16/03

352 265 0080  
X 85254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)