

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706741

1. Entity Name

HOMESTEAD RODEO ASSOCIATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90047 007 ****61.25

Principal Place of Business

Mailing Address

034 NE 8TH STREET
P.O. BOX 1432
HOMESTEAD FL 33030

P.O. BOX 1432
HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1031008

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

BOSTIC, HARRY F
28500 S.W. 212 AVENUE
HOMESTEAD FL 33030

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 S ☐ Delete
NAME PIVNIK, SHELDON
STREET ADDRESS 8300 SW 105 STREET
CITY-ST-ZIP HOMESTEAD FL

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

TITLE PD ☐ Delete
NAME COFFIN, NICK, JR.
STREET ADDRESS 5600 S.W. 87 AVE.
CITY-ST-ZIP COOPER CITY-FL-33328

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

TITLE T ☐ Delete
NAME BOSTIC, HARRY F
STREET ADDRESS 28500 S.W. 212 AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

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

TITLE VPD ☒ Delete
NAME BUMGARNER, ROGER
STREET ADDRESS 1460 N.E. 10 ST.
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VPD ☒ Change ☐ Addition
NAME STODARD, JIM
STREET ADDRESS 28245 SW 167 AV
CITY-ST-ZIP Homestead FL 33030

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:

John B. Pivnik REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02

Date

305-247-5060

Daytime Phone #

CR2E037 (9/01)