

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90038 021 ****61.25

DOCUMENT # 707951

1. Entity Name
FLORIDA CATTLEWOMEN, INC.

Principal Place of Business	Mailing Address
1818 N BERMUDA AVENUE P.O. BOX 421929 KISSIMMEE FL 34741-3221	1818 N BERMUDA AVENUE P.O. BOX 421929 KISSIMMEE FL 34741-3221

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HANDLEY, JIM 1818 N BERMUDA AVE KISSIMMEE FL 32741				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: SEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DT NAME: FRANCES RAULERSON STREET ADDRESS: 371 N SAMSULA DR CITY-ST-ZIP: NEW SMYRNA BCH FL 32168 ☒ Delete	☐ Change ☒ Addition	TITLE: DT NAME: Paula Myers STREET ADDRESS: 162 U-Vista Court CITY-ST-ZIP: Ft. Pierce FL 34947	☐ Change ☒ Addition
TITLE: DVP NAME: STRICKLAND, RENEE STREET ADDRESS: 24615 OAK KNOLL ROAD CITY-ST-ZIP: MYAKKA CITY FL 34251 ☒ Delete	☐ Change ☐ Addition	TITLE: DVP NAME: Frances Raulerson STREET ADDRESS: 371 N. Samsula Dr CITY-ST-ZIP: New Smyrna Beach, FL 32168	☒ Change ☐ Addition
TITLE: DVP NAME: PAT-BASS STREET ADDRESS: 20609 NW 176TH AVE CITY-ST-ZIP: OKEECHOBEE FL 34972 ☒ Delete	☐ Change ☐ Addition	TITLE: DVP NAME: Marcia Lightsey STREET ADDRESS: 1401 Sam Keen Rd CITY-ST-ZIP: Lake Wales, FL 33853	☒ Change ☐ Addition
TITLE: DP NAME: KIM WELCH STREET ADDRESS: 9320 MAPLE LANE CITY-ST-ZIP: N FT MYERS FL 33917 ☒ Delete	☐ Change ☐ Addition	TITLE: DP NAME: Pat Bass STREET ADDRESS: 20609 N.W 176th Ave CITY-ST-ZIP: Okeechobee, FL 34972	☒ Change ☐ Addition
TITLE: DVP NAME: SANDY BLACKADAR STREET ADDRESS: 11451 BROWNING RD CITY-ST-ZIP: LITHIA FL 33547 ☒ Delete	☐ Change ☒ Addition	TITLE: DVP NAME: Nancy Alexander STREET ADDRESS: PO Box 8 CITY-ST-ZIP: Chipley, Fla 32428	☐ Change ☒ Addition
TITLE: SD NAME: LIGHTSEY, MARCIA STREET ADDRESS: 1401 SAM KEEN RD CITY-ST-ZIP: LAKE WALES FL 33853 ☒ Delete	☐ Change ☒ Addition	TITLE: SD NAME: Donna Rowell STREET ADDRESS: 6771 283rd St. E. CITY-ST-ZIP: Myakka City, FL 34251	☐ Change ☒ Addition

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: SKaulerson 2/16/2000 5614650291

CR2E037 (9/99)