2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State
09-14-2001 90031 037 ****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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 Shakerag Road	800 Shakerag Road
Suite, Apt. #, etc.: P O Box 421929	Suite, Apt. #, etc.: P O Box 421929
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34742-1929 Country: USA	Zip: 34742-1929 Country: USA

4. FEI Number 59-6155011 ☐ Applied For ☐ Not Applicable

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
HANDLEY, JIM 1818 N BERMUDA AVE KISSIMMEE FL 32741	Name Street Address (P.O. Box Number is Not Acceptable): 800 Shakerag Road 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 J Handley 8/18/01
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MYERS, PAULA 162 U-VISTA COURT FORT PIERCE FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP RAULERSON, FRANCES 371 N SAMSULA DR NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LIGHTSEY, MARCIA 1401 SAMKEEN RD LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BASS, PAT 20609 NW 176TH AVE OKEECHOBEE FL 34972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Cynthia Milburn 8082 State Rd 31 Punta Gorda, FL 33892	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ALEXANDER, NANCY PO BOX 8 CHIPLEY FL 32428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROWELL, DONALD 6771 283RD ST E MYAKKA CITY FL 34251	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Linda Clark 117 N Illinois Ave Wauchula, FL 33873-2515	☐ Change ☒ Addition

CR2E037 (5/01)

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.

Frances Raulerson, President

SIGNATURE: Frances Raulerson 8/5/2001 (386)428-4860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #