

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 707951

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA CATTLEWOMEN, INC.

Current Principal Place of Business:

800 SHAKERAG ROAD
P.O. BOX 421929
KISSIMMEE, FL 347421929

New Principal Place of Business:

Current Mailing Address:

800 SHAKERAG ROAD
P.O. BOX 421929
KISSIMMEE, FL 347421929

New Mailing Address:

FEI Number: 59-6155011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDLEY, JIM
800 SHAKERAG ROAD
KISSIMMEE, FL 32741 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MYERS, PAULA
Address: 162 U-VISTA COURT
City-St-Zip: FORT PIERCE, FL 34947

Title: DP () Delete
Name: RAULERSON, FRANCES
Address: 371 N SAMSULA DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DVP () Delete
Name: LIGHTSEY, MARCIA
Address: 1401 SAMKEEN RD
City-St-Zip: LAKE WALES, FL 33853

Title: DT () Delete
Name: MILBURN, CYNTHIA
Address: 8082 STATE RD 31
City-St-Zip: PUNTA GORDA, FL 33892

Title: DVP () Delete
Name: ALEXANDER, NANCY
Address: PO BOX 8
City-St-Zip: CHIPLEY, FL 32428

Title: DS () Delete
Name: CLARK, LINDA
Address: 117 N ILLINOIS AVE
City-St-Zip: WAUCHULA, FL 338732515

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MAZAK, REBA
Address: POST OFFICE BOX 362
City-St-Zip: GROVELAND, FL 34736

Title: DP (X) Change () Addition
Name: LIGHTSEY, MARCIA
Address: 1401 SAM KEEN ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: DVP (X) Change () Addition
Name: MILBURN, CYNTHIA
Address: 8082 STATE ROAD 31
City-St-Zip: PUNTA GORDA, FL 33892

Title: DT (X) Change () Addition
Name: HUNT, BETH
Address: 9699 ALTURAS/BABSON PARK CUT-OFF ROAD
City-St-Zip: BARTOW, FL 33830

Title: DS (X) Change () Addition
Name: PHARES, NANCY
Address: 3658 ELEVEN MILE ROAD
City-St-Zip: FORT PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH HUNT

DT

04/30/2002

Electronic Signature of Signing Officer or Director

Date