2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# 707951

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:	DVP	( ) Delete
Name:	MAZAK, REBA	
Address:	POST OFFICE BOX 362	
City-St-Zip:	GROVELAND, FL 34736	
Title:	DP	( ) Delete
Name:	LIGHTSEY, MARCIA	
Address:	1401 SAM KEEN ROAD	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	DVP	( ) Delete
Name:	MILBURN, CYNTHIA	
Address:	8082 STATE ROAD 31	
City-St-Zip:	PUNTA GORDA, FL 33892	
Title:	DT	( ) Delete
Name:	HUNT, BETH	
Address:	9699 ALTURAS/BABSON PARK CUT-OFF ROAD	
City-St-Zip:	BARTOW, FL 33830	
Title:	DS	( ) Delete
Name:	PHARES, NANCY	
Address:	3658 ELEVEN MILE ROAD	
City-St-Zip:	FORT PIERCE, FL 34945	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DP	(X) Change ( ) Addition
Name:	MYERS, PAULA	
Address:	162 U-VISTA COURT	
City-St-Zip:	FORT PIERCE, FL 34947	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	NATHE, JEAN M	
Address:	31109 DARBY ROAD	
City-St-Zip:	DADE CITY, FL 33525	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	HUNT, BETH	
Address:	9699 ALTURAS/BABSON PARK CUT-OFF ROAD	
City-St-Zip:	BARTOW, FL 33830	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JEAN M. NATHE DT 04/30/2003

Electronic Signature of Signing Officer or Director — Date