

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90116 004 ****61.25

DOCUMENT # 709194

1. Entity Name

THE FLORIDA STATE FOXHUNTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 307
 2008 CAPRI RD
 WILLISTON FL 32696
 US

P.O. BOX 290
 BARBERVILLE FL 32105-0298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20750 E Levy St

20750 E Levy St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Williston, FL

City & State
 Williston, FL

City & State
 Williston, FL

4. FEI Number
 59-2366073

Applied For
 Not Applicable

Zip
 32696

Country
 USA

Zip
 32696

Country
 USA

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

PUCKETT, JULIE
 350 FOX HOLLOW DRIVE
 BARBERVILLE FL 32105

Name
 Jim Cason
 Street Address (P.O. Box Number is Not Acceptable)
 20750 E Levy St
 City Williston FL Zip Code 32696

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

James U Cason Jr James U Cason Jr, President 2/4/00
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 | PD | <input type="checkbox"/> Delete |
| NAME | PUCKETT, BILL | |
| STREET ADDRESS | 350 FOX HOLLOW DR. | |
| CITY-ST-ZIP | BARBERVILLE FL 32105 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | CASON, JIM | |
| STREET ADDRESS | 20750 E. LEVY ST. | |
| CITY-ST-ZIP | WILLISTON FL 32696 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | LEWIS, EDDIE | |
| STREET ADDRESS | 431 OAK AVE. | |
| CITY-ST-ZIP | BROOKER FL 32696 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WELLS, DAVE | |
| STREET ADDRESS | RT. 3 BOX 1064 | |
| CITY-ST-ZIP | WILLISTON FL 32969 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | PUCKETT, JULIE | |
| STREET ADDRESS | 350 FOX HOLLOW DRIVE | |
| CITY-ST-ZIP | BARBERVILLE FL 32105 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Puckett, Bill | |
| STREET ADDRESS | 350 Fox Hollow Drive | |
| CITY-ST-ZIP | Barberville FL 32105 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cason, Jim | |
| STREET ADDRESS | 20750 E Levy St | |
| CITY-ST-ZIP | Williston, FL 32696 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Wells, Dave | |
| STREET ADDRESS | 3251 NE 170th | |
| CITY-ST-ZIP | Williston, FL 32696 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pockett, Julie | |
| STREET ADDRESS | 350 Fox Hollow Drive | |
| CITY-ST-ZIP | Barberville, FL 32105 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

James U Cason Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00
 Date

352-528-6237
 Daytime Phone #

CR2E037 (9/99)