

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90020 039 ****61.25

DOCUMENT # 709194

1. Entity Name

THE FLORIDA STATE FOXHUNTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20750 E LEVY ST
 WILLISTON FL 32696
 US

20750 E LEVY ST
 WILLISTON FL 32696
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2366073

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

CASON, JIM
20750 E LEVY ST
WILLISTON FL 32696

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 _____

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 **D** Delete
 NAME **PUCKETT, BILL**
 STREET ADDRESS **350 FOX HOLLOW DR.**
 CITY-ST-ZIP **BARBERVILLE FL 32105**

TITLE **PD** Change Addition
 NAME **Cason, Jake**
 STREET ADDRESS **1021 5th St**
 CITY-ST-ZIP **Williston, FL 32696**

TITLE **PD** Delete
 NAME **CASON, JIM**
 STREET ADDRESS **20750 E. LEVY ST.**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **DST** Change Addition
 NAME **Cason, Jim**
 STREET ADDRESS **20750 E Levy St**
 CITY-ST-ZIP **Williston FL 32696**

TITLE **VD** Delete
 NAME **LEWIS, EDDIE**
 STREET ADDRESS **431 OAK AVE.**
 CITY-ST-ZIP **BROOKER FL 32696**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **DX** Delete
 NAME **WELLS, DAVE**
 STREET ADDRESS **3251 NE 170TH ST**
 CITY-ST-ZIP **WILLISTON FL 32699**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **PUCKETT, JULIE**
 STREET ADDRESS **350 FOX HOLLOW DRIVE**
 CITY-ST-ZIP **BARBERVILLE FL 32105**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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: SIGNATURE PD, M. CASON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02
 Date

352-528-6237
 Daytime Phone #

CR2E037 (9/01)