

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90081 018 *****61.25

DOCUMENT # 709424

1. Entity Name

FLORIDA CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business

1818 JOHN YOUNG PKWY
 KISSIMMEE FL 34741

Mailing Address

1818 NORTH BERMUDA AVENUE (34741)
 P.O. BOX 421929
 KISSIMMEE FL 34742-1929

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

59-0573004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HANDLEY, JIM
1818 N JOHN YOUNG PARKWAY
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name
HANDLEY, JIM (ADDRESS CHANGE ONLY)

Street Address (P.O. Box Number is Not Acceptable)
800 SHAKERAG ROAD

City
KISSIMMEE

FL

Zip Code
34744

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADSHAW, BUSTER P.O. BOX 65 N/A HOWEY-IN-THE-HILLS, FL 34737-0065 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTHE, LARRY 17231 BELLAMY BROS RD SAN ANTONIO FL 33576-0703 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIBLER, THOMAS 822 FAIRLINGTON LAKE LAND FL 33802-0049 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIDWELL, MARION 8093 CHUMUCKLA HWY PACE FL 32571-9234 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALDERMAN, JIM 13510 NE 224TH ST. OKEECHOBEE FL 34972 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GODWIN, WAYNE 1170 LAKE GROVES RD NW LAKE PLACID FL 33852 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS KIBLER P O BOX 49 N/A LAKE LAND, FL 33802-0049 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAMES ALDERMAN 13510 LAKE GROVES RD NW LAKE PLACID, FL 33852 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUSTER BRADSHAW P O BOX 65 N/A HOWEY-IN-THE-HILLS, FL 34737-0065 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOE M HILLIARD II Rt2, BOX 175 CLEWSTON, FL 33440 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DR. ROGER WEST 2229 SW 56th AVE GAINESVILLE, FL 32608-5024 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-01

407 846 6221

CR2E037 (10/00)