2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90282 007 ****61.25

DOCUMENT # 709424

1. Entity Name
FLORIDA CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1818 JOHN YOUNG PKWY KISSIMMEE FL 34741	1818 NORTH BERMUDA AVENUE (34741) P.O. BOX 421929 KISSIMMEE FL 34742-1929

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
HANDLEY, JIM 800 SHAKERAG ROAD KISSIMMEE FL 34744	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MILICEVIC, MIKE 106 SW COUNTY RD OKEECHOBEE FL 34974-8613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILICEVIC, MIKE 106 SW COUNTY RD OKEECHOBEE, FL 34974-8613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILLIARD, JOE M II RT 2 BOX 175 CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOE HILLIARD, JOE M. II RT 2, BOX 175 CLEWISTON, FL 33440	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARTHLE, BILL P.O. BOX 1000 SAN ANTONIO FL 33576	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEST, ROGER DR RT 2 BOX 175 CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEST, ROGER DR RT 2, BOX 175 CLEWISTON, FL 33440	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALDERMAN, JAMES 13510 LAKE GROVES RD NW LAKE PLACID FL 33852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PHILLIPS, DVM 21850 SE 10th STREET MORRISTON, FL 32668-3001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GODWIN, WAYNE 1170 LAKE GROVES RD NW LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GODWIN, WAYNE 1170 LAKE GROVES RD NW LAKE PLACID, FL 33852	☒ Change ☐ Addition

CR2E037 (10/02)

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 4/20/03 407-846 6221