

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741671

1. Entity Name

THE FLAGLER COUNTY ROUGHRIDERS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90117 030 ****61.25

Principal Place of Business

Mailing Address

TOM.MOORE
501 BEVILLE ROAD
DAYTONA BCH FL 32119

TOM.MOORE
501 BEVILLE ROAD
DAYTONA BCH FL 32119-2062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1867589

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORE, THOMAS LAND
501 BEVILLE ROAD
DAYTONA BEACH FL 32119

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	P	<input type="checkbox"/> Delete
NAME	EDITONSON, FLYNN	
STREET ADDRESS	807 N ANDERSON ST	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SYFORD, ROY	
STREET ADDRESS	2425 DURRANCE LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURGER, JULIE	
STREET ADDRESS	5120 COUNTY AVE #305	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MOORE, THOMAS L.	
STREET ADDRESS	501 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, BINNIE LEE	
STREET ADDRESS	2920 NORDMAN AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAWLINS, TAMI	
STREET ADDRESS	4929 HIGHWAY #305	
CITY-ST-ZIP	BUNNELL FL 32110	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES ANTHONY SWERINGEN	
STREET ADDRESS	787 TIMOTHY ST	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5120 COUNTY AV #305	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALLIE REBEKAH CARR	
STREET ADDRESS	2357 BAWA TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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:

THOMAS L. MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)