

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**  
 03-20-2001 90043 015 \*\*\*\*61.25

**DOCUMENT # 741671**

1. Entity Name  
**THE FLAGLER COUNTY ROUGHRIDERS, INC.**

Principal Place of Business

**TOM.MOORE  
 501 BEVILLE ROAD  
 DAYTONA BCH FL 32119**

Mailing Address

**TOM.MOORE  
 501 BEVILLE ROAD  
 DAYTONA BCH FL 32119**

**00027186**



DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P EDITONSON, FLYNN 807 N ANDERSON ST BUNNELL FL 32110</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SYFORD, ROY 2425 DURRANCE LANE ORMOND BEACH FL 32174</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BURGER, JULIE 15120 COUNTY AVE #305 BUNNELL FL 32110</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD MOORE, THOMAS L. 501 BEVILLE RD. DAYTONA BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PETERSON, BINNIE LEE 2920 NORDMAN AVE NEW SMYRNA BCH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RAWLINS, TAMI 4929 HIGHWAY #305 BUNNELL FL 32110</b> <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT GEORGE CLARK 14 ADO LANE BUNNELL, FL 32110</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHARLES SWERINGEN 787 TIMOTHY ST. ORMOND BEACH, FL 32174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BLANKENSHIP APRIL 728 COLFAX DR. DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD THOMPSON, VIVIAN IDELLA 41 HIGHRISE RD HOLLY HILL, FL 32117</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TONYA LABARE 1954 CAROLINA AVE ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Change <input type="checkbox"/> 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 addresses, with all other like empowered.

SIGNATURE:

**THOMAS LAND MOORE** **4047672372**  
**15 MARCH 01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)