

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751304

1. Entity Name

ARTHUR BORING CIVIC CENTER, INC.

Principal Place of Business

2202 W REYNOLDS ST
PLANT CITY FL 33567
US

Mailing Address

P.O. DRAWER 1869
PLANT CITY FL 33564-1869
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME AS ABOVE

City & State

SAME AS ABOVE

Zip

SAME AS ABOVE

Country

SAME AS ABOVE

Zip

SAME AS ABOVE

Country

SAME AS ABOVE

6. Name and Address of Current Registered Agent

REDMAN, JAMES L.
121 N. COLLINS STREET
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

SAME

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MERRILL, J D	
STREET ADDRESS	606 S EVERS ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROLLYSON, ROLLY	
STREET ADDRESS	P O BOX 1536	
CITY-ST-ZIP	PLANT CITY FL 33564	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TRINKLE, ROBERT	
STREET ADDRESS	121 N COLLINS ST	
CITY-ST-ZIP	PLANT CITY, FL 00000 33564	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, KENNETH	
STREET ADDRESS	3938 HWY 60 WEST	
CITY-ST-ZIP	PLANT CITY, FL 00000 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLARD, TERRY	
STREET ADDRESS	407 VIRGINIA AVE	
CITY-ST-ZIP	PLANT CITY, FL 00000 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDMAN, JAMES L	
STREET ADDRESS	121 N COLLINS STREET	
CITY-ST-ZIP	PLANT CITY, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY ROLLYSON, JR	
STREET ADDRESS	P. O. BOX 1536	
CITY-ST-ZIP	PLANT CITY, FL 33564	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT TRINKLE	
STREET ADDRESS	P. O. BOX TT	
CITY-ST-ZIP	PLANT CITY, FL 33564	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH LUCAS	
STREET ADDRESS	4120 STATE RD. 60 W.	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE NEWSOME	
STREET ADDRESS	3405 N. WILDER RD.	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY BALLARD	
STREET ADDRESS	407 VIRGINIA AVE.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES L. REDMAN	
STREET ADDRESS	121 N. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY, FL 33566	

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 the attachment with an address, with all other like empowered.

SIGNATURE

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

James L Redman

Date

1-25-00

Daytime Phone #

813-754-6133

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90143 042 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6151219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)