

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752495

1. Entity Name

FLORIDA STATE FARRIERS ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90087 036 ****61.25

Principal Place of Business

Mailing Address

39905 RICHLAND RD
 ZEPHYRHILLS FL 33540
 US

39905 RICHLAND RD
 ZEPHYRHILLS FL 33540-5350
 US

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

NOT APPLICABLE

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

STIMPSON, KIRK W
 39905 RICHLAND RD
 ZEPHYRHILLS FL 33540

Name Rich Cleland
 Street Address (P.O. Box Number is Not Acceptable)
45 Floridana Rd
 City DeBary FL Zip Code 32713

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

Richard C. Cleland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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	PD STIMPSON, KIRK 39905 RICHLAND RD ZEPHYRHILLS FL 33540	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEAN, DARYL 1800 MARSH RD OVIDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CREEL, ROBERT 6012 ALLEN LA LAKELAND FL 33811	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLELAND, RICH 890 SUMNER RD WACHULA FL 33873	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLELAND, RICH 45 FLORIDANA RD DEBARY, FL 32713	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CREEL, ROBERT 2571 SE CR 337 MORRISTON, FL 32668	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLELAND, RICH 45 FLORIDANA RD DEBARY, FL 32713	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: *Richard C. Cleland* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 407-416-2222

Date

Daytime Phone #