

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90045 007 ****61.25

DOCUMENT # 752495

1. Entity Name

FLORIDA STATE FARRIERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

39905 RICHLAND RD
 ZEPHYRHILLS FL 33540
 US

39905 RICHLAND RD
 ZEPHYRHILLS FL 33540
 US

2. Principal Place of Business

45 FLORIDANA RD
 Suite, Apt. #, etc.

3. Mailing Address

45 FLORIDANA RD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

DEBARY FL

DEBARY, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32713

US

32713

US

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

CLELAND, RICH
45 FLORIDANA RD
DEBARY FL 32713

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: VPD
 NAME: BEAN, DARYL Delete
 STREET ADDRESS: 1800 MARSH RD
 CITY-ST-ZIP: OVIEDO FL 32765

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: DS Delete
 NAME: CREEL, ROBERT
 STREET ADDRESS: 2571 SE CR 337
 CITY-ST-ZIP: MORRISTON FL 32668

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: PTD Delete
 NAME: CLELAND, RICH
 STREET ADDRESS: 45 FLORIDANA RD
 CITY-ST-ZIP: DEBARY FL 32713

TITLE: *TUES* Change Addition
 NAME: *CLINT QUAM*
 STREET ADDRESS: *2525 GRAYSON AVE*
 CITY-ST-ZIP: *VERO BEACH, FL 32960*

TITLE: ~~RE MORRIS BOWEN~~ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: *SEE MORRIS BOWEN* Change Addition
 NAME: *5545 S. KAMMER HWY #1137*
 STREET ADDRESS: _____
 CITY-ST-ZIP: *STUART FL 34997*

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/10/01

CR2E037 (10/00)