

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90110 040 ****70.00

DOCUMENT # 767209

1. Entity Name

DOVER COWBOYS YOUTH ACTIVITIES, INC.

Principal Place of Business

Mailing Address

S. GALLAGHER ROAD
 DOVER FL 33527

P.O. BOX 1787
 DOVER FL 33527-1787

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

59-2388052

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

FISHER, TERRI
14401 WALDEN SHEFFIELD ROAD
DOVER FL 33527

Name

RENEE ROYSE

Street Address (P.O. Box Number is Not Acceptable)

502 LIMWOOD CIRCLE

City

SEFFNER

FL

Zip Code

33584

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

RENEE ROYSE

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

X Renee Royse

(NOTE: Registered Agent signature required when reinstating)

4-30-00

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** ☒ Delete
 NAME **FISHER, MICHAEL L**
 STREET ADDRESS **14401 WALDEN SHEFFIELD RD**
 CITY-ST-ZIP **DOVER FL**

TITLE **P** ☒ Change ☒ Addition
 NAME **KENNY ROYSE**
 STREET ADDRESS **502 LIMWOOD CIRCLE**
 CITY-ST-ZIP **SEFFNER 33584**

TITLE **VP** ☒ Delete
 NAME **PROCTOR, RANDY**
 STREET ADDRESS **3214 MOORES LAKE RD**
 CITY-ST-ZIP **DOVER FL**

TITLE **VP** ☒ Change ☒ Addition
 NAME **JIM BRAUN**
 STREET ADDRESS **1301 SYDNEY DOVERROAD**
 CITY-ST-ZIP **DOVER, FL 33527**

TITLE **S** ☐ Delete
 NAME **ROYSE, RENEE**
 STREET ADDRESS **502 LIMWOOD CIRCLE**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **FISHER, MICHAEL**
 STREET ADDRESS **14401 WALDEN SHEFFIELD RD**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE **T** ☒ Change ☒ Addition
 NAME **GINA JENKINS**
 STREET ADDRESS **3803 MINDEDAHL**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **D** ☒ Delete
 NAME **PROCTOR, TERESA**
 STREET ADDRESS **3214 MOORES LAKE RD**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ Change ☒ Addition
 NAME **JENNIE GREEN**
 STREET ADDRESS **1321 DAB ROAD**
 CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **D** ☒ Delete
 NAME **STAGGS, DIANE**
 STREET ADDRESS **4638 BETHLEHEM ROAD**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ Change ☒ Addition
 NAME **FRANK HODGES**
 STREET ADDRESS **P.O. BOX 1171**
 CITY-ST-ZIP **1411 JAUDON ROAD DOVER, FL 33527**

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:

X Renee Royse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-00 (813) 689-6560
 Date Daytime Phone #

CR2E037 (9/99)