

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004291

1. Entity Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION, INC.

Principal Place of Business

1035 S. SEMORAN BLVD., STE 1045-A
WINTER PARK FL 32792

Mailing Address

1035 S. SEMORAN BLVD., STE 1045-A
WINTER PARK FL 32792

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-1236025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT W
1035 S. SEMORAN BLVD., STE 1045-A
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

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

TITLE CD ☐ Delete
NAME JOHNS, ROBERT
STREET ADDRESS 1035 S SEMORAN BLVD, STE 1045A
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ Delete
NAME BATES, ERIC
STREET ADDRESS 1506 FERNWOOD ROAD
CITY-ST-ZIP WINTERSVILLE OH

TITLE D ☐ Delete
NAME BURBACK, RON
STREET ADDRESS 3407 SE 108TH AVENUE
CITY-ST-ZIP PORTLAND OR

TITLE D ☐ Delete
NAME CHANCE, DICK
STREET ADDRESS 4219 IRVING
CITY-ST-ZIP WICHITA KS

TITLE D ☐ Delete
NAME COCKERMAN, ALAN
STREET ADDRESS 2822 N BEACH ST.
CITY-ST-ZIP FORT WORTH TX

TITLE D ☐ Delete
NAME CUMMERFORD, ROBERT
STREET ADDRESS RT 4 BOX 188
CITY-ST-ZIP GOSHEN CT

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Johnson, Robert W.
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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 #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90011 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)