

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90036 038 \*\*\*\*61.25

**DOCUMENT # F00000004291**

1. Entity Name

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **~~DIRECTOR~~ CHAIRMAN** ☐ Change ☒ Addition  
 NAME **JACKIE SWIKA**  
 STREET ADDRESS **1426 LAKELAND DRIVE**  
 CITY-ST-ZIP **TERMYN, AA 18433**

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

TITLE **THIRD VICE CHAIRMAN** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **~~SECOND~~ VICE CHAIRMAN** ☐ Change ☒ Addition  
 NAME **JAMES E. SMATES**  
 STREET ADDRESS **P.O. BOX 174**  
 CITY-ST-ZIP **ORLANDO, FL 32802**

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

TITLE **SECOND VICE CHAIRMAN** ☐ Change ☒ Addition  
 NAME **DON DEGBELLEN**  
 STREET ADDRESS **PO BOX 238**  
 CITY-ST-ZIP **STUART, FL 34995**

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

TITLE **TREASURER** ☐ Change ☒ Addition  
 NAME **DALE MERRIAM**  
 STREET ADDRESS **2048 E. GOLF AVE.**  
 CITY-ST-ZIP **TEMPE, AZ 85282-4030**

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 another line empowered.

SIGNATURE:

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

**2/25/02**

Date

Daytime Phone #

**407-681-9444**

CR2E037 (9/01)

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