

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90275 019 \*\*\*\*\*70.00

**DOCUMENT # N00000003694**

1. Entity Name

**FLORIDA DELEGATION FOR GAMEBIRD BREEDERS, INC.**

Principal Place of Business

2716 EATON AVE  
 EATON PARK FL 33840

Mailing Address

PO BOX 90245  
 LAKELAND FL 33804-0245

44100

2. Principal Place of Business

12180 Hwy 98 N.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 90245  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland FLA.

City & State

Lakeland FLA

4. FEI Number

59-3703252

Applied For

Not Applicable

Zip

33809

Country

Polk

Zip

33804-0245

Country

Polk

5. Certificate of Status Desired ☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DENNIS D  
 2716 EATON AVE  
 EATON PARK FL 33840

7. Name and Address of New Registered Agent

Name Arnold Verbon Goble Jr

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

12180 Hwy 98 N.

City Lakeland

FL

Zip Code

33809

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

Arnold V. Goble Jr.

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

(NOTE: Registered Agent signature required when reinstating)

4-16-01

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 P ☐ Delete  
 NAME Verbon Goble  
 STREET ADDRESS 12180 Hwy 98 N.  
 CITY-ST-ZIP Lakeland FLA 33809

TITLE S ☐ Delete  
 NAME Barb Goble  
 STREET ADDRESS 12180 Hwy 98 N.  
 CITY-ST-ZIP Lakeland FLA 33809

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME Richard Lanier  
 STREET ADDRESS 4329 N.W. 47 Pl.  
 CITY-ST-ZIP Bell FLA 32619

TITLE D ☐ Delete  
 NAME Connie Mae Sullivan  
 STREET ADDRESS 2829 Dennis Howell Rd  
 CITY-ST-ZIP Perry FLA 32348

TITLE D ☐ Delete  
 NAME Tracy Hilgerson  
 STREET ADDRESS Rt 1 Box 159 F10  
 CITY-ST-ZIP Lake City FLA 32055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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: Arnold V. Goble Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

863-859-1261

Daytime Phone #

CR2E037 (10/00)