

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003694

1. Entity Name

FLORIDA DELEGATION FOR GAMEBIRD BREEDERS, INC.

Principal Place of Business

12180 HWY 98 N
LAKELAND FL 33809

Mailing Address

PO BOX 90245
LAKELAND FL 33804-0245

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

59-3703252

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

GOBLE, ARNOLD V
12180 HWY 98 N
LAKELAND FL 33809

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 P
NAME GOBLE, VERBON
STREET ADDRESS 12180 HWY 98 N
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

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

TITLE S
NAME GOBLE, BARB
STREET ADDRESS 12180 HWY 98 N
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

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

TITLE D
NAME LANIER, RICHARD
STREET ADDRESS 4329 NW 47TH PL
CITY-ST-ZIP BELL FL 32619 ☐ Delete

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

TITLE D
NAME SULLIVAN, CONNIE M
STREET ADDRESS 2829 DENNIS HOWELL RD
CITY-ST-ZIP PERRY FL 32348 ☐ Delete

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

TITLE D
NAME HILGERSON, TRACY
STREET ADDRESS RT 1, BOX 159 F10
CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90249 022 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)