

5/24

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-24-2001 90004 009 ****61.25

DOCUMENT # N00000004927

1. Entity Name

BOBCAT INVITATIONAL, INC.

Principal Place of Business

2975 BOBCAT VILLAGE CENTER ROAD STE 100
NORTH PORT FL 34286

Mailing Address

2975 BOBCAT VILLAGE CENTER ROAD STE 100
NORTH PORT FL 34286

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

59-3658080

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

Name

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

City

FL

Zip Code

BARNELL, ROBERT W
2033 MIAN STREET STE 400
SARASOTA FL 34237

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	D	<input type="checkbox"/> Delete
NAME	ARNOLD, KENT E	
STREET ADDRESS	1600 S. CARAWAY	
CITY-ST-ZIP	JONESBORO AR 72401	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROUTT, ROBERT	
STREET ADDRESS	1600 S. CARAWAY	
CITY-ST-ZIP	JONESBORO AR 72401	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROUTT, JOHN E	
STREET ADDRESS	1600 S. CARAWAY	
CITY-ST-ZIP	JONESBORO AR 72401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, WILLIAM E	
STREET ADDRESS	2975 BOBCAT VILLAGE CENTER ROAD STE 100	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murray, William L.	
STREET ADDRESS	2975 Bobcat Village Ctr Rd#100	
CITY-ST-ZIP	North Port, FL 34286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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:

WILLIAM E. MURRAY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 941-423-0826
 Date Daytime Phone #

CR2E037 (10/00)