

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90268 041 \*\*\*61.25

**DOCUMENT # N02000006939**

1. Entity Name

**MUDDY WATERS ATV ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**1072 ANGORA STREET  
DELTONA FL 32725**

**1072 ANGORA STREET  
DELTONA FL 32725**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**27-0029462**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAUGHLIN, JAMES M  
36035 HUFF RD  
EUSTIS FL 32736**

7. Name and Address of New Registered Agent

Name **Schmidt, Debra L**  
Street Address (P.O. Box Number is Not Acceptable)  
**1072 Angora St**  
City **Deltona** FL Zip Code **32725**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Debra L Schmidt**

**Debra L Schmidt**

**1/13/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	LAUGHLIN, JAMES M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			36035 HUFF RD	
CITY-ST-ZIP			EUSTIS FL 32736	
TITLE	VP	NAME	SCHMIDT, BRIAN K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1072 ANGORA ST	
CITY-ST-ZIP			DELTONA FL 32725	
TITLE	S	NAME	WATSON, SANDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			5595 BARNA AVE	
CITY-ST-ZIP			TIUSVILLE FL 32780	
TITLE	T	NAME	SCHMIDT, DEBRA L	<input type="checkbox"/> Delete
STREET ADDRESS			1072 ANGORA ST	
CITY-ST-ZIP			DELTONA FL 32725	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	Schmidt Brian	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1072 Angora St	
CITY-ST-ZIP			Deltona, FL 32725	
TITLE	VP	NAME	Johnson, Barney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			PO 292	
CITY-ST-ZIP			Osteen, FL 32764	
TITLE	S	NAME	Didio, Louise	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			1041 Angora St	
CITY-ST-ZIP			Deltona, FL 32725	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Debra L Schmidt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**386 804 4424**

CR2E037 (10/02)