**NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N 03300 1. Entity Name



## FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90160 042 \*\*\*\*61.25

SARASO	TA COUNTY CATTLE					
DO NOT WRITE IN THIS SPACE				S0071059		
2. Principal Place 7289 Suite, Apt. #,	Palmer Blod.	3. Mailing Address 7289 Pal/ Suite, Apt. #, etc.	ner Blud.	DO NOT WRITE IN TH	HIS SPACE	
City & State SARA		City & State Sprasofp	PL	4. FEI Number 592665419	Applied For Not Applicable	
<sup>zip</sup> 342 ·	40 SARASOTA	zip 34240	SARASOTA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current Register	ered Agent	
DO NOT WRITE						
DO_NOT_WRITE			Street Address (	Street Andress (P.O. Box Number is Not Acceptable)		
	IN THIS SPA	ACE		.1		
			City SA	RASOTA F	FL 3424の	
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 Kory S. Martin Treasurer 3/31/03  Signature, typed or printed name of registered agent: and tritle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
		9 Floring Com	anian Cinancina			
lr	FEE IS \$61.25 hitial or Amended UBR	9. Election Cam Trust Fund Co			eck Payable to partment of State	
10 <sup>f</sup>	OFFICERS AND DIRE	CTORS				
TITLE T	PRESIDENT PLA	_010h3				
NAME STREET ADDRESS	0000		TITLE			
	BILL MCCLAIN"	. A.	NAME			
CITY-ST-ZIP	BILL MCCLAIN' 5503 Howard Creekf	ed.				
CITY-ST-ZIP	BILL MCCLAIN 5503 Howard Creekf Sacasoto, FL 34241 VP (151)	LA.	NAME STREET ADDRESS			
CITY-ST-ZIP  TITLE NAME	BILL MCCLAIN 5503 Howard CreekP SARASOTO, FL 34241 VP (151) ROBBIE MARTIN	l. 10/0	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	BILL MCCLAIN' 5503 Howard CreekP SARASCTO, FL 34241 VP (15) ROBBIE MARTIN 1756 CAMPBELLRD. SARASCTO, FL 3421	1/0	NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	BILL MCCLAIN 5503 HOWARD Creek P SARASCTA, FL 3424 VP (15) ROBBIE MARTIN 1756 CAMPBELLRD SARASCTA FL 3426 VP (200)	1/0	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY: ST-ZIP  TITLE			
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	BILL MCCLAIN  5503 Howard CreekP  SARASOTO FL 3424  POBBIE MARTIN  1756 CAMPBELLED  SARASOTO FL 3426  PO (200)  PAUL TAYLOR	10/0	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY: ST-ZIP			
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL MCCLAIN  5503 Howard Creek R  SARASOTA, FL 3424  POBBIE MARTIN  1756 CAMPBELLRD.  SARASOTA FL 3424  VP (2ma)  PAUL TAYLOR  SARASOTA FL  SARASOTA	10/0	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	DO NOT WE	NITE	
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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 on an attachment with an address, with all other like empowered.

RORY S. MARTIN

3/31/03

941-378-1748