

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90007 047 ****61.25

DOCUMENT # N13724

1. Entity Name

LIVE OAK SHRINE CLUB HOLDING CORPORATION

Principal Place of Business

**LIVE OAK SHRINE CLUB
P.O. BOX 1333
LIVE OAK FL 32064**

Mailing Address

**LIVE OAK SHRINE CLUB
P.O. BOX 1333
LIVE OAK FL 32064-1333**

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

23-7323517

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

**DONALDSON, DENNIS
22553 88TH STREET
LIVE OAK FL 32060**

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 **D** ☐ Delete
NAME **PIERCE, JAMES**
STREET ADDRESS **2021 E. MADISON ST**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **P** ☐ Change ☒ Addition
NAME **ROBERT BALL**
STREET ADDRESS **4543 LOWE LAKE RD.**
CITY-ST-ZIP **WELLBORN, FL 32094**

TITLE **S** ☐ Delete
NAME **GAYLARD, FRED**
STREET ADDRESS **4575 LOWE LAKE RD**
CITY-ST-ZIP **WELLBORN FL 32094**

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

TITLE **T** ☐ Delete
NAME **DONALDSON, DENNIS**
STREET ADDRESS **22553 88TH ST**
CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **D** ☐ Delete
NAME **STEELE, GEORGE**
STREET ADDRESS **23185 104TH ST**
CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **D** ☐ Delete
NAME **FRAUCK, TED**
STREET ADDRESS **RT. 1, BOX 258-B**
CITY-ST-ZIP **WELLBORN FL**

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

TITLE **P** ☒ Delete
NAME **GILMORE, DONALD**
STREET ADDRESS **9099 141ST LN**
CITY-ST-ZIP **LIVE OAK FL 32060**

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:

Donaldson, Dennis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 10 2000

Date

904-658-2367

Daytime Phone #

CR2E037 (9/99)