

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90053 011 \*\*\*\*61.25

**DOCUMENT # N13724**

1. Entity Name

**LIVE OAK SHRINE CLUB HOLDING CORPORATION**

Principal Place of Business

Mailing Address

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

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

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 NAME **SANDERS JR, BILL** ☒ Delete  
STREET ADDRESS **7165 US HWY 90E**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE NAME **JAMES D. DAVIS** ☐ Change ☒ Addition  
STREET ADDRESS **278 JACKSON AVE**  
CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE NAME **LEWIS WALTERS** ☐ Change ☒ Addition  
STREET ADDRESS **8019 219TH PLACE**  
CITY-ST-ZIP **LIVE OAK FL 32060**

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

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

TITLE NAME **DUFFIELD, ROGER** ☐ Delete  
STREET ADDRESS **15658 51ST DRIVE**  
CITY-ST-ZIP **WELLBORN FL 32094**

TITLE NAME **DUFFIELD, ROGER** ☒ Change ☐ Addition  
STREET ADDRESS **15658 51ST DR**  
CITY-ST-ZIP **WELLBORN, FL 32094**

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

TITLE NAME **FRALICK, TED** ☒ Change ☐ Addition  
STREET ADDRESS **RT1 BOX 258B**  
CITY-ST-ZIP **WELLBORN, FL 32094**

TITLE NAME **HENDERSON SR., RANDY** ☒ Delete  
STREET ADDRESS **10016 169 STREET**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE NAME **LEO CONNER** ☐ Change ☒ Addition  
STREET ADDRESS **RT4 BOX 251**  
CITY-ST-ZIP **LAKE CITY, FL 32024**

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 #

CR2E037 (9/01)



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[illegible]