

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90113 042 *****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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JAMES D	
STREET ADDRESS	278 JACKSON AVENUE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAYLARD, FRED	
STREET ADDRESS	4575 LOWE LAKE RD	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	T	<input type="checkbox"/> Delete
NAME	DONALDSON, DENNIS	
STREET ADDRESS	22553 88TH ST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOFFIELD, ROGER	
STREET ADDRESS	15658 51ST DRIVE	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRALICK, TED	
STREET ADDRESS	RT. 1, BOX 258-B	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, LEWIS	
STREET ADDRESS	8019 219TH PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE NIMS	
STREET ADDRESS	16311 80th STREET	
CITY-ST-ZIP	LIVE OAK FL 32060	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALICK, TED	
STREET ADDRESS	RT 1 BOX 258-B	
CITY-ST-ZIP	WELLBORN FL 32094	
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 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 of Donaldson / Treasurer / *Jan 27 2003*

CR2E037 (10/02)