2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, wi

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED DOCUMENT # **N14106** May 23, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA FEDERATION OF FAIRS AND LIVESTOCK SHOWS 05-23-2000 90269 032 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1244 P.O. BOX 1244 BRANDON FL 33509-1244 BRANDON FL 33609-1244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2627216 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, MOZELLE . 619 VALLEY HILL DR **BRANDON FL 33610** Zip Code City FL 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 कारत हा अन्य हरा CENTER COMME SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE □ Delete TITLE Change NAME NAME VIERS, DAVID STREET ADDRESS STREET ADDRESS 3150 E NEW YORK AVE CITY-ST-ZIP CITY-ST-ZIP **DELAND FL 32724 Addition** TITLE Change X Delete TITLE Jim overton NAME NAME vymlatil, rick 2616 SE DIXIE HWY STREET ADDRESS STREET ADDRESS 4800 HWY, 301 N. CITY-ST-ZIP Stuart CITY-ST-ZIP TAMPA FL 33610 Delete TITLE TITLE Charlie Price NAME NAME LEVEROCK, MARTHA 4603 W Colonial STREET ADDRESS STREET ADDRESS 501 FAIRGROUNDS RD. CITY-ST-ZIP CITY-ST-7IP JACKS<u>ONVILLE FL 322</u>02 lando **⊠** Change Addition | ☐ Delete TITLE TITLE 27 NAME NAME RIGDON, C. H JR. STREET ADDRESS STREET ADDRESS 1958 LEWIS TURNER BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 Change ☐ Addition Delete TITLE TITLE CARR, HORACE NAME STREET ADDRESS STREET ADDRESS 119 MAC ARTHUR CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL 32401 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KEATON, JEANNE STREET ADDRESS STREET ADDRESS 4116 ST. LUCIE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34946 12. I hereby certify that the information supplied with this filling 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