

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14106

1. Entity Name

FLORIDA FEDERATION OF FAIRS AND LIVESTOCK SHOWS

Principal Place of Business

P.O. BOX 1244
BRANDON FL 33609-1244

Mailing Address

P.O. BOX 1244
BRANDON FL 33609-1244

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 59-2627216

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WILLIAMS, MOZELLE
319 VALLEY HILL DR
BRANDON FL 33610

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
After September 12, 2001, min. will be \$236.25

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

TITLE P
NAME VIERS, DAVID
STREET ADDRESS 3150 E NEW YORK AVE
CITY-ST-ZIP DELAND FL 32724

TITLE 2V
NAME OVERTON, JIM
STREET ADDRESS 2616 SE DIXIE HWY
CITY-ST-ZIP STUART FL 34998

TITLE D
NAME PRICE, CHARLIE
STREET ADDRESS 4803 WEST COLONIAL
CITY-ST-ZIP ORLANDO FL 32808

TITLE IV
NAME RIGDON, C. H JR.
STREET ADDRESS 1958 LEWIS TURNER BLVD.
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE D
NAME CARR, HORACE
STREET ADDRESS 119 MAC ARTHUR
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D
NAME KEATON, JEANNE
STREET ADDRESS 4116 ST. LUCIE BLVD.
CITY-ST-ZIP FORT PIERCE FL 34946

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

JAMES L. OVERTON 7/21/01

FILED
Sep 10, 2001 8:00 am
Secretary of State

08-13-2001 90005 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)