

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14106

1. Entity Name

FLORIDA FEDERATION OF FAIRS AND LIVESTOCK SHOWS

Principal Place of Business

Mailing Address

P.O. BOX 1244
BRANDON FL 33609-1244

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

WILLIAMS, MOZELLE
619 VALLEY HILL DR
BRANDON FL 33610

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
NAME BECKEY, RON
STREET ADDRESS 441 PAUL RUSSELL RD
CITY-ST-ZIP TALLAHASSEE FL 32301-6996 ☐ Delete

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

TITLE PD
NAME OVERTON, JIM
STREET ADDRESS 2616 SE DIXIE HWY
CITY-ST-ZIP STUART FL 34996 ☐ Delete

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

TITLE 2VPD
NAME PRICE, CHARLIE
STREET ADDRESS 4603 WEST COLONIAL
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

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

TITLE 1VPD
NAME MCCLAIN, RICHARD
STREET ADDRESS P.O. BOX 1981
CITY-ST-ZIP SEBRING FL 33871-1981 ☐ Delete

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

TITLE ST
NAME NORRIS, C.E. II
STREET ADDRESS P.O. BOX 1981
CITY-ST-ZIP EUSTIS FL 32727-0221 ☐ Delete

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

TITLE D
NAME ROEGNER, GARY
STREET ADDRESS 510 FAIRGROUNDS PLACE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

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 #

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90443 048 ****61.25



DO NOT WRITE IN THIS SPACE

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