

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-06-2003 90053 024 ****61.25

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

522 Buckhaven Loop

Suite, Apt. #, etc.

3. Mailing Address

522 Buckhaven Loop

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

OCOCee, FL

City & State

OCOCee, FL

4. FEI Number **59-2627216**

Applied For

Not Applicable

Zip

34761

Country

U.S.A.

Zip

34761

Country

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, MOZELLE
619 VALLEY HILL DR
BRANDON FL 33810**

7. Name and Address of Now Registered Agent

Name **John Fenn Foster**
Street Address (P.O. Box Number is Not Acceptable)
501 S. Flagler Drive Suite 305
City **West Palm Beach** FL **33401**

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

4-30-03

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

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

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

TITLE **IVPD** ☒ Delete
NAME **MCCLAIN, RICHARD**
STREET ADDRESS **P.O. BOX 1981**
CITY-ST-ZIP **SEBRING FL 33871-1981**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Clark Converse**
STREET ADDRESS **36722 S.R.52**
CITY-ST-ZIP **Dade City, FL 33525**

TITLE **D** ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Lisa Hinton**
CITY-ST-ZIP **PO Box 11766 Tampa, FL 33680**

TITLE **D** ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **← Same**
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **← Same**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 REQUIRED

4-26-03

352-357-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)