2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17235

1. Entity Name

FLORIDA JUNIOR RODEO ASSOCIATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90073 024 ****61.25

Principal Place of Business	Mailing Address
1921 HIATUS RD DAVIE FL 32325 US	3787 W HWY 318 CITRA FL 32113-2160 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 345	7090 Amesbury Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lowell, FL	City & State: Cocoa, FL
Zip: 32663 / Country: USA	Zip: 32927 / Country: USA

4. FEI Number 59-2827988 — 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
~~GORNTO, SHERI~~ ~~1921 HIATUS RD~~ ~~DAVIE FL 33325~~	Name: Hall, Sandy Street Address (P.O. Box Number is Not Acceptable): 3787 W. Hwy 318 City: Citra FL Zip Code: 32113

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	P ☑ Delete	TITLE	P ☑ Change ☐ Addition
NAME	GOODSBY, CLIFF	NAME	Shaw, Jay
STREET ADDRESS	3787 W HWY 318	STREET ADDRESS	7090 Amesbury Avenue
CITY-ST-ZIP	CITRA FL 32113	CITY-ST-ZIP	Cocoa, FL 32927
TITLE	D ☐ Delete	TITLE	VP ☐ Change ☑ Addition
NAME	SHAW, JAY	NAME	Cochran, Ricky
STREET ADDRESS	7090 AMESBURY AVE	STREET ADDRESS	2835 Friday Lane
CITY-ST-ZIP	COCOA FL 32927	CITY-ST-ZIP	Cocoa, FL 32926
TITLE	ST ☑ Delete	TITLE	ST ☐ Change ☑ Addition
NAME	SULLIVAN, LEANNE	NAME	Seiler, Sharon
STREET ADDRESS	13851 S.W. 26TH ST	STREET ADDRESS	3030 NE 70th Street
CITY-ST-ZIP	DAVIE FL 33325	CITY-ST-ZIP	Ocala, FL 34479
TITLE	ST ☑ Delete	TITLE	ST ☐ Change ☑ Addition
NAME	GUNTO, SHERI	NAME	Hall, Sandy
STREET ADDRESS	1921 HIATUS RD	STREET ADDRESS	P.O. Box 345
CITY-ST-ZIP	DAVIE FL 33325	CITY-ST-ZIP	Lowell, FL 32663
TITLE	VP ☑ Delete	TITLE	D ☐ Change ☑ Addition
NAME	SULLIVAN, STEVE	NAME	Brett Taylor
STREET ADDRESS	13851 SW 26 ST	STREET ADDRESS	2501 Minton Road
CITY-ST-ZIP	DAVIE FL 33325	CITY-ST-ZIP	Melbourne, FL 32904
TITLE	D ☑ Delete	TITLE	D ☐ Change ☑ Addition
NAME	RICE, BRYAN	NAME	Huckabee, Terry
STREET ADDRESS	4580 NE HWY 315	STREET ADDRESS	3000 Flounder Creek Road
CITY-ST-ZIP	FT MCOY FL 32134	CITY-ST-ZIP	Mims, FL 32754

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 — 5-1-00 — (352) 595-8339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)