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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2E037 (9/99)

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: Sandra M. Hall REQUIRED 5-1-00 (352) 595-8339

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