

2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
STATE
FLA

16 NOV -4 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32026

1. Entity Name
THE NATIONAL RATTLER "F" CLUB, INCORPORATED



Principal Place of Business
2214 HIGH ROAD.
TALLAHASSEE, FL 32303

Mailing Address
923 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11042016 REIN-NP

CR2E099 (12/11)

4. FEI Number
30-0456758

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

TAYLOR, CURTIS
923 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32303

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. 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

FILE NOW!!! FEE IS \$236.25
After January 1, 2017, Fee will be \$297.50

Make check payable to
Florida Department of State

300292012553
11/07/16--01002--004 **236.25

10. OFFICERS AND DIRECTORS

11.

TITLE P ☐ Delete
NAME TAYLOR, CURTIS
STREET ADDRESS 923 OLD BAINBRIDGE RD
CITY- ST- ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T ☐ Delete
NAME WHITLEY, VANESSA
STREET ADDRESS 70356 WAGON TRAIL LANE
CITY- ST- ZIP TALLAHASSEE, FL 32310

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

TITLE D ☐ Delete
NAME FLOYD, VERNON H
STREET ADDRESS 4332 WINDING PLACE
CITY- ST- ZIP FT. PIERCE, FL 34981

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

TITLE VP ☐ Delete
NAME GLOVER, JOHN
STREET ADDRESS 12735 STONE BROOK DRIVE
CITY- ST- ZIP DAVIE, FL 33330

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

TITLE ED ☐ Delete
NAME BROWN ELLIS, MARY
STREET ADDRESS P.O. BOX 1033
CITY- ST- ZIP HAVANA, FL 32333

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

TITLE D ☐ Delete
NAME VAUGHT, WOODARD
STREET ADDRESS 5221 NW 57TH AVENUE
CITY- ST- ZIP MIAMI, FL 33127

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 exemptions contained in Chapter 119, 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

E-MAIL ADDRESS

REINSTATEMENT