

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39230

1. Entity Name

FORT WALTON BEACH FAIRGROUNDS SHRINE ASSOCIATION

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90045 002 ****70.00

Principal Place of Business

Mailing Address

1958 LEWIS TURNER BLVD.
 FT. WALTON BCH. FL 32547

1958 LEWIS TURNER BLVD.
 FT. WALTON BCH. FL 32547-1217

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

23-7397197

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

RIGDON, C.H., JR.
 9 BAY DR.
 FT. WALTON BCH. FL 32548

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

2/25/00

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 ☐ Delete
 NAME D
 STREET ADDRESS RIGDON, C.H., JR.
 CITY-ST-ZIP 9 BAY DR.
 FT. WALTON BCH. FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RIGDON, CHARLES W
 CITY-ST-ZIP HWY. 98 EAST
 DESTIN FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HICKS, WILLIAM CLAYTON
 CITY-ST-ZIP 231 CHATEAUGAY DR.
 FT. WALTON BCH. FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BOORAS, THEODORE
 CITY-ST-ZIP 735 REVERE AVE.
 FT. WALTON BCH. FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BROOKS, EDELS
 CITY-ST-ZIP P O BOX 534
 CRESTVIEW FL

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

TITLE ☐ Delete
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

850 862 0211

Daytime Phone #

CR2E037 (9/99)