

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90069 004 \*\*\*\*61.25

**DOCUMENT # N49356**

1. Entity Name

**THE DIXIE HORSEMAN'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 2207  
 CROSS CITY FL 32628

P O BOX 2207  
 CROSS CITY FL 32628-2207  
 US

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, SHIRLEY J**  
**HWY 19**  
**CROSS CITY FL 32628**

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

**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	D	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, TROY	
STREET ADDRESS	P O BOX 704 N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, KAREN K	
STREET ADDRESS	4456 KATE GREEN RD	
CITY-ST-ZIP	OLD TOWN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, GREG	
STREET ADDRESS	HC-04 BOX 40	
CITY-ST-ZIP	OLD TOWN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAYERS, MELISSA	
STREET ADDRESS	P O BOX 33 N/A	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, GARY	
STREET ADDRESS	HC04 BOX 250 N/A	
CITY-ST-ZIP	OLD TOWN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, WAYNE	
STREET ADDRESS	P O BOX 1403 N/A	
CITY-ST-ZIP	CROSS CITY FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alton Langford	
STREET ADDRESS	PO Box 50 HWY 351A	
CITY-ST-ZIP	Cross City, FL 32628	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Allen	
STREET ADDRESS	HWY 19	
CITY-ST-ZIP	Cross City, FL 32628	
TITLE	Sec/ tre	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Davis	
STREET ADDRESS	PO Box 366 HWY 351A	
CITY-ST-ZIP	Cross City FL 32628	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robyn Higginbotham	
STREET ADDRESS	P O Box 2064 Horseshoe Rd	
CITY-ST-ZIP	Cross City FL 32628	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neal McCall	
STREET ADDRESS	HWY 19	
CITY-ST-ZIP	Salem, FL	
TITLE	Troy Johnson / D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Troy Johnson	
STREET ADDRESS	HWY 351A	
CITY-ST-ZIP	Cross City FL 32628	

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 another like empowered.

SIGNATURE: Shirley J. Davis / SHIRLEY J. DAVIS 1/14/00 352-498-7498  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)