

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90028 046 ****61.25

UBR 148

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
 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

Shirley J. Davis

3/27/02

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	<input type="checkbox"/> Delete
NAME	LANGFORD, ALTON	
STREET ADDRESS	PO BOX 50, HWY 351 A	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLEN, CHARLES	
STREET ADDRESS	HWY 19	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, SHIRLEY	
STREET ADDRESS	PO BOX 366, HWY 351-A	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HIGGINBOTHAM, ROBYN	
STREET ADDRESS	PO BOX 2064	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALL, NEAL	
STREET ADDRESS	HWY 19	
CITY-ST-ZIP	SALEM FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, TROY	
STREET ADDRESS	HWY 351A	
CITY-ST-ZIP	CROSS CITY FL 32628	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Joseph Turner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Cross City, FL 32628	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Board member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glen Rollison	
STREET ADDRESS	Rt. 1 box 160	
CITY-ST-ZIP	Horse Shoefly FL 32446	

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: *Shirley J. Davis* **Shirley J. Davis** *2/25/02* **498-7428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)