

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50377

1. Entity Name

LABELLE FAMILY LIVESTOCK CLUB, INC.

Principal Place of Business

LA BELLE RODEO GRANDE
HIGHWAY 29 SOUTH
LA BELLE FL 33935
US

Mailing Address

POST OFFICE BOX 2772
LA BELLE FL 33975
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 65-0370510

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

TINDALL, ANDREA
2375 CASE RD
LABELLE FL 33935

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
NAME ANDERS, KELLY
STREET ADDRESS 2331 PHILLIPS RD
CITY-ST-ZIP ALVA FL 33920 ☐ Delete

TITLE D
NAME ANDERS, Kelly
STREET ADDRESS 2735 EVANS RD
CITY-ST-ZIP LaBelle, FL 33935 ☒ Change ☐ Addition

TITLE S
NAME ROSBOUGH, SHERRI
STREET ADDRESS 5108 BASS ROAD
CITY-ST-ZIP IMMOKALEE FL 34142 ☐ Delete

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

TITLE T
NAME WALKER, TOMMY
STREET ADDRESS 4281 FT SIMMONS RD
CITY-ST-ZIP LABELLE FL 33935 ☒ Delete

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

TITLE P
NAME TYRELL, THOMAS
STREET ADDRESS 1301 LAKEVIEW AVE
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

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

TITLE D
NAME TINDALL, LYNNETTE
STREET ADDRESS 4513 SPRINGVIEW CR
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

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

TITLE T
NAME TINDALL, ANDREA
STREET ADDRESS 2375 CASE ROAD
CITY-ST-ZIP LABELLE FL 3335 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90081 042 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)