

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51434

1. Entity Name

FLORIDA ROWING ASSOCIATION, INC.

Principal Place of Business

524 NW 32RD AVE  
GAINESVILLE FL 32609  
US

Mailing Address

524 NW 32RD AVE  
GAINESVILLE FL 32609  
US

2. Principal Place of Business

8024 NW 2nd CT  
Suite, Apt. #, etc.

3. Mailing Address

8024 NW 2nd CT  
Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. FEI Number

59-3169004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIDGEWAY, SHANNON  
524 NW 32RD AVE  
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name

Ridgeway, Shannon

Street Address (P.O. Box Number is Not Acceptable)

8024 NW 2nd CT

City

Gainesville, FL

FL

Zip Code

32607

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 date 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BATTOE, LAWRENCE	
STREET ADDRESS	1161 NW 6TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	D	<input type="checkbox"/> Delete
NAME	AKIN, DEBRA	
STREET ADDRESS	102 NE BARR ROAD	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, ROB	
STREET ADDRESS	8600 OLDBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shannon Ridgeway	
STREET ADDRESS	8024 NW 2nd CT	
CITY-ST-ZIP	Gainesville, FL 32607	
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		

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

4/25/02

Date

352-331-5287

Daytime Phone #

FILED  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90627 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)