

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90093 044 ****70.00

DOCUMENT # N92000000521

1. Entity Name

MOLINO RECREATION ASSOCIATION, INC.

Principal Place of Business

2340 CRABTREE CHURCH RD
 MOLINO FL 32577
 US

Mailing Address

P O BOX 533
 MOLINO FL 32577-0533
 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

59-3142080

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

MYRICK, JAN
 4149 SUNCREST LANE
 MOLINO FL 32577

Name **ANNE M. Moyers**

Street Address (P.O. Box Number is Not Acceptable)
6685 Sunshine Hill Rd

City **Molino**

FL

Zip Code **32577**

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 *Anne M. Moyers* **ANNE M. MOYERS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-10-00
 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 **PD** ☐ Delete
 NAME **WEARER, DOYLE**
 STREET ADDRESS **4526 HWY 95 A NORTH**
 CITY-ST-ZIP **MOLINO FL 32577**

TITLE **PD** ☐ Change ☐ Addition
 NAME **Doyle Weaver**
 STREET ADDRESS **4526 Hwy 95-A North**
 CITY-ST-ZIP **Molino, Fla. 32577**

TITLE **VD** ☐ Delete
 NAME **WOOD, OTIS**
 STREET ADDRESS **2782 ANGUS CIR.**
 CITY-ST-ZIP **MOLINO FL 32577**

TITLE **VD** ☒ Change ☐ Addition
 NAME **LYNN Boyett**
 STREET ADDRESS **6449 Fairground Rd**
 CITY-ST-ZIP **Molino, Fla 32577**

TITLE **SD** ☐ Delete
 NAME **WEAVER, ELAINE**
 STREET ADDRESS **4526 HWY 95-A NORTH**
 CITY-ST-ZIP **MOLINO FL 32577**

TITLE **SD** ☐ Change ☐ Addition
 NAME **Elaine Weaver**
 STREET ADDRESS **4526 Hwy 95-A North**
 CITY-ST-ZIP **Molino, Fla 32577**

TITLE **TD** ☐ Delete
 NAME **MYRICK, JAN**
 STREET ADDRESS **4149 SUNCREST LN**
 CITY-ST-ZIP **MOLINO FL 32577**

TITLE **TD** ☒ Change ☐ Addition
 NAME **ANNE M. Moyers**
 STREET ADDRESS **6685 Sunshine Hill Rd**
 CITY-ST-ZIP **Molino, Fla 32577**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Anne M. Moyers* **ANNE M. MOYERS** **1-10-00** **(850)587-2438**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/00)