

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90109 040 ****61.25

DOCUMENT # N93000003854

1. Entity Name

DAVIE RODEO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5610 SW 164 TERR
 FORT LAUDERDALE FL 33331
 US**

**5610 SW 164 TERR
 FORT LAUDERDALE FL 33331
 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

65-0483595

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

**LEAF, LAVERNE P
 5610 SW 164 TERR
 FORT LAUDERDALE FL 33331**

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



LaVerne Leaf

1/22/02

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

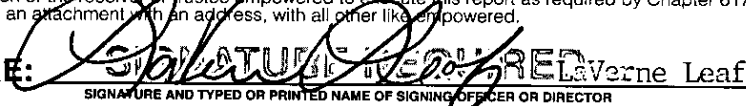
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	ZILVETI, ANDY	
STREET ADDRESS	14701 SW 20TH ST.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GORNT0, BOBBY	
STREET ADDRESS	1921 HIATUS ROAD	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GORNT0, BOBBY	
STREET ADDRESS	1921 HIATUS RD.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEAF, LAVERNE P	
STREET ADDRESS	5610 SW 164 TERR	
CITY-ST-ZIP	FORT LAUDERDALDE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P Troy Lee Weekley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3301 SW 202 AVE.	
STREET ADDRESS	WESTON, FL 33332	
CITY-ST-ZIP		
TITLE	VP Salty Weekley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6 WHITEHEAD CIR.	
STREET ADDRESS	WESTON, FL 33326	
CITY-ST-ZIP		
TITLE		<input checked="" 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		

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:



LaVerne Leaf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02 (954) 2520899

CR2E037 (9/01)