

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90195 023 ****61.25

DOCUMENT # N93000003854

1. Entity Name

DAVIE RODEO ASSOCIATION, INC.



Principal Place of Business
**5610 SW 164 TERR
FORT LAUDERDALE FL 33331
US**

Mailing Address
**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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
LAVERNE P. JONES

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

5610 S.W. 164 TERR.

FORT LAUDERDALE

City

FL

Zip Code

33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Laverne P. Jones

1-12-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" 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	GORNTI, BOBBY	
STREET ADDRESS	1921 HIATUS ROAD	
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 LAUDERDALE FL 33331	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEEKLEY, TROY LEE	
STREET ADDRESS	3301 SW 202 AVE	
CITY-ST-ZIP	WESTOM FL 33332	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEEKLEY, SALTY	
STREET ADDRESS	6 WHITEHEAD CIR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LELANNE SULLIVAN	
STREET ADDRESS	13851 SW 26 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL. 33325	
TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORNTI, Bobby	
STREET ADDRESS	1921 HIATUS ROAD	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERNE JONES	
STREET ADDRESS	5610 S.W. 164 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33331	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE ONLY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 P. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-03