

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90341 015 *****61.25

DOCUMENT # N93000004977

1. Entity Name

FLORIDA ALTERNATIVE LIVESTOCK ASSOCIATION, INC.



Principal Place of Business

**3434 U.S. 1
MIMS FL 32754-5501**

Mailing Address

**3434 U.S. 1
MIMS FL 32754-5501**

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 **59-3202912**

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

7. Name and Address of New Registered Agent

**CHAUVIN, PATRICIA A
3434 U.S. 1
MIMS FL 32754-5501**

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, DON	
STREET ADDRESS	P.O. BOX 2776 N/A	
CITY-ST-ZIP	BELLEVUE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHAUVIN, PATRICIA	
STREET ADDRESS	3434 US 1	
CITY-ST-ZIP	MIMS FL 32754-5501	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINSER, YVONNE	
STREET ADDRESS	17951 SE COUNTY RD. 452	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

4/25/03 321 383-9520

CR2E037 (10/02)