

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90409 050 ****61.25

0015468

DOCUMENT # N94000001000

1. Entity Name

PROFESSIONAL COWBOY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RT. 3, BOX 452
WESTVILLE FL 32464

PO BOX 1057
MONTICELLO FL 32345

00068201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1104517

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**DAVIS, CLIFFORD L ESQ.
310 N. JEFFERSON STREET
MONTICELLO FL 32344**

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 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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, GRADY
626 S. LAFAYETTE ST.
LAFAYETTE AL 36862** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Stanley, Adams
180 Deertrace Rd.
Hope Hill, AL 36043** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOULD, BERT
RT 1 BOX 41
LIVINGSTON AL 35470** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
David Lee
25430 Leetown Rd
Pineyville MS 39466** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANKINS, BERT
HC 62 BOX 696
CHATOM AL 36518** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
LEE, SILAS
RT. 3, BOX 452
WESTVILLE FL 32464** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOODS, MARK
1253 TALLADEGA WAY
SYLACAUGA AL 35150** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SR
BRYANT, JULIA
59600 LOTTIED RD
ATMORE AL 36502** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-01 334947-4650

CR2E037 (10/00)