

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90103 049 ****61.25

DOCUMENT # N94000001000

1. Entity Name
PROFESSIONAL COWBOY ASSOCIATION, INC.



Principal Place of Business

**RT. 3, BOX 452
WESTVILLE FL 32464**

Mailing Address

**PO BOX 1057
MONTICELLO FL 32345**



☐ CHECK HERE IF MAKING CHANGES

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

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

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** ☐ Delete
NAME **ADAMS, STANLEY**
STREET ADDRESS **180 DEERTRACE RD.**
CITY-ST-ZIP **HOPE HULL AL 36043**

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

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

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

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

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

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

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

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

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:

SIGNATURE REQUIRED

2-3-03 251-947-4650

CR2E037 (10/02)