

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000638

1. Entity Name

GILCHRIST COUNTY FFA ALUMNI ASSOCIATION, INC.

Principal Place of Business

109 E WADE ST  
TRENTON FL 32693

Mailing Address

~~PO BOX 7~~ 1013 NORTH MAIN ST.  
TRENTON FL 32693

2. Principal Place of Business

3. Mailing Address

1013 N. MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TRENTON, FLORIDA

Zip

Country

Zip

Country

32693

GILCHRIST

4. FEI Number

59-3291134

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

LANCASTER, SHEREE H  
109 E WADE ST  
TRENTON FL 32693

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

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 D ☐ Delete  
NAME BROWN, HERBERT E JR.  
STREET ADDRESS P.O. BOX 307 N/A  
CITY-ST-ZIP TRENTON FL 32693

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

TITLE D ☐ Delete  
NAME ROBERTS, GERALD  
STREET ADDRESS 5280 SW 7TH PLACE  
CITY-ST-ZIP BELL FL 32619

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

TITLE D ☐ Delete  
NAME JONES, GRADY H SR.  
STREET ADDRESS 1730 W. SWWANNEE ST.  
CITY-ST-ZIP BELL FL 32619

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

TITLE D ☒ Delete  
NAME ANDREWS, THOMAS L  
STREET ADDRESS 320 NW CR 341  
CITY-ST-ZIP BELL FL

TITLE D ☐ Change ☒ Addition  
NAME DOUGLAS K. BEACH  
STREET ADDRESS 5970 SW CR 307  
CITY-ST-ZIP TRENTON FL 32693

TITLE D ☐ Delete  
NAME MARTIN, WILLIAM M  
STREET ADDRESS 7309 SW 20TH STREET  
CITY-ST-ZIP BELL FL

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

TITLE D ☐ Delete  
NAME BROKER, STEVEN F  
STREET ADDRESS 9140 SW 15TH CT  
CITY-ST-ZIP TRENTON FL 32693

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:

STEVEN F. BROKER

4/1/02

904 463 3273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0055558

CR2E037 (9/01)

FILED  
Apr 08, 2002 8:00 am  
Secretary of State

04-08-2002 90242 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE