

2000 UNIFORM BUSINESS REPORT (UBR)

4/18

FILED

May 19, 2000 8:00 am
Secretary of State

04-18-2000 90060 039 ****61.25

DOCUMENT # N95000003851

1. Entity Name

VERNON RECREATION ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

HIGHWAY 79 SOUTH
SHADY GROVE ST.
VERNON FL 32462

P.O. BOX 728
VERNON FL 32462-0728

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

59-3323334

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

BROCK, EDDIE
3648 HOLMES VALLEY RD
VERNON FL 32462

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

Eddie Brock

4-5-00

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 ☐ Delete
NAME **D BROCK, EDDIE**
STREET ADDRESS **3648 HOLMES VALLEY RD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☒ Change ☐ Addition
NAME **President Brock Eddie**
STREET ADDRESS **3648 HOLMES VALLEY RD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☐ Delete
NAME **VP LEE, KEITH**
STREET ADDRESS **1281 CHURCH ST**
CITY-ST-ZIP **VERNON FL 32462**

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

TITLE ☐ Delete
NAME **MARLOW, TERESA**
STREET ADDRESS **3288 PATE POND RD.**
CITY-ST-ZIP **CARYVILLE FL 32427**

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

TITLE ☐ Delete
NAME **D BROCK, DEBORAH**
STREET ADDRESS **3648 HOLMES VALLEY RD**
CITY-ST-ZIP **VERNON FL 32462**

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

TITLE ☐ Delete
NAME **D PEACOCK, GINA**
STREET ADDRESS **3313 SYLVANIA RD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☒ Change ☐ Addition
NAME **SD PEACOCK, Gina**
STREET ADDRESS **3313 SYLVANIA RD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☒ Delete
NAME **SD WICKER, TERI**
STREET ADDRESS **1940 LAKEVIEW RD**
CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE ☒ Change ☐ Addition
NAME **NEVILLE BROCK**
STREET ADDRESS **3385 Ferris Circle**
CITY-ST-ZIP **VERNON FL 32462** Title **D**

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 Dec. Treasurer 4-5-00 (850) 535-9172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)