

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003868

1. Entity Name

WAKULLA CATTLEMEN'S ASSOCIATION, INC.

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90026 003 ****61.25

0015229

Principal Place of Business

Mailing Address

84 CEDAR ST
CRAWFORDVILLE FL 32327

P.O. BOX 1027
CRAWFORDVILLE FL 32327

771998



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 59-3231092

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

CARTER, MIKE
3047 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32326

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.

(NOT: 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

TITLE D
NAME RODDENBERRY, ROBERT
STREET ADDRESS 176 MUNICIPAL AVE
CITY-ST-ZIP SOPCHOPPY FL 32358 ☐ Delete

TITLE PD
NAME CLEMONS, ROBERT
STREET ADDRESS RT 16 BOX 5025
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE STD
NAME STRICKLAND, MONA
STREET ADDRESS 81 DAN MILLER RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-01

488-2996

Date

Daytime Phone #

CR2E037 (10/00)