

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90043 040 ****61.25

DOCUMENT # N95000004343

1. Entity Name

HENDRY COUNTY FAIR AND LIVESTOCK SHOW, INC.

Principal Place of Business

Mailing Address

710 S FRANCISCO ST
 CLEWISTON FL 33440

P O BOX 1356
 CLEWISTON FL 33440-1356

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

59-1099492

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGAHEE, MELANIE A
333 S COMMERCIO ST, SUITE B
CLEWISTON FL 33440

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	P	<input type="checkbox"/> Delete
NAME	PEACOCK, CHARLES	
STREET ADDRESS	710 S FRANCISCO ST	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SPARKS, DONNA	
STREET ADDRESS	RT. 2 BOX 659. TAFT BLVD.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICKRON, MARCUS	
STREET ADDRESS	710 S FRANCISCO ST	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TR	<input type="checkbox"/> Delete
NAME	PAIGE, STEVE	
STREET ADDRESS	710 S FRANCISO ST	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHEFFLER, SEAN	
STREET ADDRESS	PO BOX 627	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KEEN, KENNETH	
STREET ADDRESS	710 S FRANCISCO STREET	
CITY-ST-ZIP	CLEWISTON FL 33440	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

Charles H. Peacock **CHARLES H. PEACOCK** **OBJANDO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-983-9282

Daytime Phone #

CR2E037 (9/99)