

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004602

1. Entity Name

FLORIDA CRACKER CATTLE ASSOCIATION, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90018 047 ****61.25

0090424

Principal Place of Business

Mailing Address

UNIVERSITY OF FL/ DEPT OF ANIMAL SCIEN
ROOM 202B BLDG. 459 SHEALY DRIVE
GAINESVILLE FL 32611

UNIVERSITY OF FL/ DEPT OF ANIMAL SCIEN
ROOM 202B BLDG. 459 SHEALY DRIVE
GAINESVILLE FL 32611
US

C0021354



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

NOT APPLICABLE

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

OLSON, TIM
UNIVERSITY OF FL/DEPT OF ANIMAL SCIEN
ROOM 202B BLDG. 459 SHEALY DRIVE
GAINESVILLE FL 32611

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 NAME STREET ADDRESS CITY-ST-ZIP	P HAMLIN, RAYMOND SUMATRA STAR RT BOX 15 TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUANE, MIKE 10811 SE AL APATTALT RD INDIANTOWN FL 34956	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, PAT 20609 NW 176TH AVE. OKEECHOBEE FL 33472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONROE, KRISTY RT 3 BOX 52 MONTICELLO FL 33472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ELWYN 20609 NW 176 AVE OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, PATRICIA A 20609 NW 176TH AVE OKEECHOBEE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUANE, MIKE 10811 SE AL APATTALT RD INDIANTOWN, FL 34956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASS, ELWYN 20609 NW 176 AVE OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUANE, CHRISTIAN 10811 SE AL APATTALT RD. INDIANTOWN, FL 34956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, TIM 459 SHEALY DR Room 202B GAINESVILLE, FL 32611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: A. BASS TREASURER 2/11/2001 (863) 763-2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)