

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000116

1. Entity Name

PAISLEY ASSOCIATION FOR RECREATIONAL KIDS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90107 042 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 514
PAISLEY FL 32767

P.O. BOX 514
PAISLEY FL 32767-0514

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

59-3427184

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

SHERMAN, MELVIN R
42247 MAGGIE JONES RD
PAISLEY FL 32767

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

Melvin R Sherman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-00

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	SEC	<input type="checkbox"/> Delete
NAME	HUNTER, GAYLA	
STREET ADDRESS	26428 PALMETTO CIR	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	QUINN, LOIS	
STREET ADDRESS	43651 GRACIE DR	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHERMAN, KIMBERLY	
STREET ADDRESS	25339 MARDON CIR	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, EILEEN S	
STREET ADDRESS	42247 MAGGIE JONES RD	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, DAVID M	
STREET ADDRESS	25339 MARDON CIR	
CITY-ST-ZIP	UMATILLA FL 32767 Paisley	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Melvin R Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)