NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 DEC 26 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N96000001001

1. Entity Name
Madison County Beef Cattlemen's Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 College Dr	P.O. Box 390
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madison, Fl	City & State: Madison, Fl
Zip: 32340 Country: USA	Zip: 32341 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Allen Cherry

Street Address (P.O. Box Number is Not Acceptable): 2133 NE Cattail Drive

City: Madison FL Zip Code: 32340

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: X Allen Cherry 12-20-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	Vice President
NAME	Joe Peavy
STREET ADDRESS	Rt3 Box 1763
CITY-ST-ZIP	Madison Fl 32340
TITLE	ST
NAME	Eddie Curl
STREET ADDRESS	139 NE Cattail Drive
CITY-ST-ZIP	Madison, Fl 32340
TITLE	D
NAME	Archie Davis
STREET ADDRESS	1852 NE Cottonwood Street
CITY-ST-ZIP	Lee, Fl 32059
TITLE	D
NAME	Jeffery Cone
STREET ADDRESS	RT 3 Box 63
CITY-ST-ZIP	Greenville, Fl 32331
TITLE	D
NAME	Rick Iott
STREET ADDRESS	RT 1 Box 450
CITY-ST-ZIP	Madison, Fl 32340
TITLE	D
NAME	Dale Gibson
STREET ADDRESS	1489 NE Avocado Street
CITY-ST-ZIP	Madison, Fl 32340

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Allen Cherry 12-20-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JF 12/01