

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90143 001 ****61.25

DOCUMENT # N96000001001

1. Entity Name

MADISON COUNTY BEEF CATTLEMEN'S ASSOCIATION, INC



Principal Place of Business

**900 COLLEGE DR
MADISON FL 32340**

Mailing Address

**PO BOX 390
MADISON FL 32341**

2. Principal Place of Business

3. Mailing Address

P.O. Box 390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Madison, F

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

32341

Country

Madison

Zip

32341

Country

USA

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

**CHERRY, ALLEN
2133 NE CATTAIL DRIVE
MADISON FL 32340**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Allen Cherry

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **PEAVY, JOE**
STREET ADDRESS **RT 3 BOX 1763**
CITY-ST-ZIP **MADISON FL 32340**

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

TITLE **ST** ☐ Delete
NAME **CURL, EDDIE**
STREET ADDRESS **139 NE CATTAIL DRIVE**
CITY-ST-ZIP **MADISON FL 32340**

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

TITLE **D** ☐ Delete
NAME **DAVIS, ARCHIE**
STREET ADDRESS **1852 NE COTTONWOOD STREET**
CITY-ST-ZIP **LEE FL 32059**

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

TITLE **D** ☐ Delete
NAME **CONE, JEFFREY**
STREET ADDRESS **RT 3 BOX 63**
CITY-ST-ZIP **GREENVILLE FL 32331**

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

TITLE **D** ☐ Delete
NAME **IOTT, RICK**
STREET ADDRESS **RT 1 BOX 450**
CITY-ST-ZIP **MADISON FL 32340**

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

TITLE **D** ☐ Delete
NAME **GIBSON, DALE**
STREET ADDRESS **1489 NE AVOCADO STREET**
CITY-ST-ZIP **MADISON FL 32340**

TITLE ☐ Change ☐ 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: *

Signature Required

2-20-03

CR2E037 (10/02)