

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005685
 1. Entity Name
MID FLORIDA BUCKSKIN ASSOCIATION, INC.

FILED
 01 NOV 21 PM 12:17

Principal Place of Business Mailing Address
 RT 3 BOX 106B RT 3 BOX 106B
 GAINESVILLE FL 32653 GAINESVILLE FL 32653
 US US

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

200004712172--6


2. Principal Place of Business 3. Mailing Address
 285 S.R. 415 285 S.R. 415
 Suite, Apt. #, etc. Suite, Apt. #, etc.

REINSTATEMENT SPACE 01

City & State City & State
 New Smyrna Beach, FL New Smyrna Beach, FL
 Zip Zip Country Country
 32168 32168 USA USA

4. FEI Number Applied For
 59-3397629 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KELLEY, KAY
 10308 NW 161ST ST
 ALACHUA FL 32615

7. Name and Address of New Registered Agent
 Name Brenda Y. Johnson
 Street Address (P.O. Box Number is Not Acceptable)
 285 S.R. 415
 City New Smyrna Beach FL Zip Code
 32168

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 Kathy Bruffin 9-15-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
SEE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, KAY 10308 NW 161ST ST ALACHUA FL 32615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, ROBIN 610 SW BEND POINT LECANTO FL 34461 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, SHARON 6320 N. FALKENBURG RD TAMPA FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCH, LAMPHERE 15801 LIVINGSTON AVE LUTZ FL 33549 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, LISA 4200 RAYBURN RD COCOA FL 32926 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, SUZANNE 15631 NW CR 231 GAINESVILLE FL 32609 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brenda Y. Johnson <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Deborah Pemberton <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Lestleigh Hopkins <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mary W. Johnson 145 Moonstone Ct Port Orange, FL 32119 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lamphere, Butch 15801 Livingston Ave Lutz, FL 33549 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Youth Liz & Charles <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: Kathy Bruffin 9-15-01

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CR2E037 (10/00)