

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90107 039 ***150.00

DOCUMENT # **N 9700000 1740**

1. Entity Name

Florida Simmental Simbrah Association Inc

Principal Place of Business

Mailing Address

5314 Pepper Ln

5314 Pepper Ln

MARIANNA FL 32448-7340

A0062362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3443506

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Dudley P. Hardy P.A.
998 N Temple Ave.
STARKE FL 32091

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DUSTY MARKHAM	
STREET ADDRESS	RT 8 BOX 384	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	Sec. Treasurer	<input type="checkbox"/> Delete
NAME	CHANLEY W. CARTER	
STREET ADDRESS	5314 Pepper Ln	
CITY-ST-ZIP	MARIANNA FL 32448-7340	
TITLE	D	<input type="checkbox"/> Delete
NAME	Travis PLATT	
STREET ADDRESS	1995 SAPP Rd	
CITY-ST-ZIP	Cottontown FL 32431	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ken Godfrey	
STREET ADDRESS	4855 Arrowhead Dr.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Rodney Sewell	
STREET ADDRESS	515 Cutchins Mill Rd	
CITY-ST-ZIP	Chipley FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert B. Tiller	
STREET ADDRESS	415 W Socrum Lp Rd	
CITY-ST-ZIP	Lakeland FL 33809	

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINER PLATT	
STREET ADDRESS	1995 SAPP Rd	
CITY-ST-ZIP	Cottontown FL 32431	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard B. Schneider	
STREET ADDRESS	2803 RWS Ranch Rd	
CITY-ST-ZIP	DAVENPORT FL 33837	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chanley W. Carter **Chanley W. Carter** **4-24-01** **850-526-3108**

CR2E034 (11/00)