

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90007 033 ****70.00

DOCUMENT # N97000003784

1. Entity Name

Florida Truck Pullers Association, Inc.

Principal Place of Business

9302 125 Ave
Fellsmere, FL.
32948

Mailing Address

9302 125 Ave.
Fellsmere, FL.
32948

2. Principal Place of Business

9302-125 Ave

Suite, Apt. #, etc.

3. Mailing Address

same as above

Suite, Apt. #, etc.

City & State

Fellsmere, Fla.

City & State

4. FEI Number

65-0949826

Applied For

Not Applicable

Zip

Country

32948

USA

Zip

Country

32948

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Victor S. Kostro
1825 Riverview DR.
Melbourne, FL 32901

7. Name and Address of New Registered Agent

Name - Laura Schuler Smith

Street Address (P.O. Box Number is Not Acceptable)

9302 125 Ave

Fellsmere, FL.

City

FL

Zip Code

32948

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

Laura Schuler Smith

LAURA SCHULER SMITH

4/18/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	V.O.	<input checked="" type="checkbox"/> Delete
NAME	Bob Parker	
STREET ADDRESS	2591 Vermont St.	
CITY-ST-ZIP	W. Melbourne, Fla. 32904	
TITLE	P.D.	<input checked="" type="checkbox"/> Delete
NAME	Hearndon, Leonard	
STREET ADDRESS	970 Atz Road	
CITY-ST-ZIP	Malabar, Fla 32950	
TITLE	S.D.	<input checked="" type="checkbox"/> Delete
NAME	Hearndon, Desirée	
STREET ADDRESS	970 Atz Road	
CITY-ST-ZIP	Malabar, Fla 32950	
TITLE	T.O.	<input checked="" type="checkbox"/> Delete
NAME	Parker Nina	
STREET ADDRESS	2591 Vermont St.	
CITY-ST-ZIP	W. Melbourne, Fla 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard Hearndon	
STREET ADDRESS	8145 Evernia St. #1	
CITY-ST-ZIP	Micco, Fla. 32976	
TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerald E. Smith SR.	
STREET ADDRESS	9302 125 Ave	
CITY-ST-ZIP	Fellsmere, Fla. 32948	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Cameron	
STREET ADDRESS	322 Dan Durand St. SW.	
CITY-ST-ZIP	Palm Bay Fla. 32908	
TITLE	T.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Schuler Smith	
STREET ADDRESS	9302 125 Ave	
CITY-ST-ZIP	Fellsmere, Fla. 32948	
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:

Laura Schuler Smith

LAURA SCHULER SMITH

4/18/00 5615710438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)