

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
32948

Country
USA

Zip
32948

Country
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 VO.	<input checked="" type="checkbox"/> Delete
NAME Bob Parker	
STREET ADDRESS 2591 Vermont St.	
CITY-ST-ZIP W. Melbourne, Fla. 32904	
TITLE PO.	<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 Cameton	
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** **561.571.0438**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)