

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003784**

1. Entity Name

FLORIDA TRUCK PULLERS ASSOCIATION, INC.**FILED****Feb 17, 2002 8:00 am**
Secretary of State

02-17-2002 90085 009 ****70.00

Principal Place of Business

Mailing Address

**9302-125 AVE
FELLSMERE FL 32948****9302-125 AVE
FELLSMERE FL 32948**

2. Principal Place of Business

3. Mailing Address

8145 Evernia Street**8145 Evernia Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1**1**

City & State

City & State

Micco, FL**Micco, FL**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32976**USA****32976****USA**

5. Certificate of Status Desired

☒ **xx****\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, LAURA S
9302 125 AVE
FELLSMERE FL 32948**

Name

Michelle K. Haney

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

8145 Evernia Street, #1

City

Micco**FL**

Zip Code

32976

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

**Director****Michelle K. Haney****01/25/2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HERNDON, LEONARD	
STREET ADDRESS	8145 EVERNIA ST., #1	
CITY-ST-ZIP	MICCO FL 32976	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hearndon, Leonard	
STREET ADDRESS	970 Atz Road	
CITY-ST-ZIP	Malabar, FL 32950	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JERALD E SE	
STREET ADDRESS	9302 125 AVE	
CITY-ST-ZIP	FELLSMERE FL 32948	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMERON, GARY	
STREET ADDRESS	322 DAN DURAND 54 SW	
CITY-ST-ZIP	PALM BAY FL 32908	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cameron, Gary	
STREET ADDRESS	322 DanDurand Street SW	
CITY-ST-ZIP	Palm Bay, FL 32908	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, LAURA S	
STREET ADDRESS	9302 125 AVE	
CITY-ST-ZIP	FELLSMERE FL 32948	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Desiree Hearndon	
STREET ADDRESS	970 Atz Road	
CITY-ST-ZIP	Malabar, FL 32950	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Haney	
STREET ADDRESS	8145 Evernia Street, #1	
CITY-ST-ZIP	Micco, FL 32976	

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**01/25/2002****561-664-7772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)