

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005021

1. Entity Name

SOUTHERN COMMERCIAL RABBIT PRODUCERS ASSOCIATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90270 020 ****61.25

Principal Place of Business

Mailing Address

% DEE BLAHA
16362 WILSON BLVD.
MASARYKTOWN FL 34609

% DEE BLAHA
16362 WILSON BLVD.
MASARYKTOWN FL 34609-7335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3547386

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASFORD, LELAND
5181 OLD SPANISH TRAIL
CYPRESS FL 32432

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

Leland Basford

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BREWER, RUTH	
STREET ADDRESS	ROUTE 3 BOX 1561	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLAHA, DIANE	
STREET ADDRESS	16362 WILSON RD.	
CITY-ST-ZIP	MASARYKTOWN FL 34609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOUNT, KELLY	
STREET ADDRESS	7239 BAYCREST RD.	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEELY, BETH	
STREET ADDRESS	11271 N. FARMWOOD AVE.	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEDLOWSKI, TONY	
STREET ADDRESS	115 VALARIE DR.	
CITY-ST-ZIP	BRUNSWICK GA 31525	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEAN, MARY	
STREET ADDRESS	4480 TANGELO DR.	
CITY-ST-ZIP	COCOA FL 32926	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Kent	
STREET ADDRESS	1714 Tifton HWY	
CITY-ST-ZIP	Ocala, GA 31774	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Daniels	
STREET ADDRESS	PO Box 624	
CITY-ST-ZIP	Jennings, FL 32053	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE BLAHA	
STREET ADDRESS	16362 WILSON BLVD	
CITY-ST-ZIP	MASARYKTOWN FL 34609-7335	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CARDEN	
STREET ADDRESS	2514 CARDEN RD	
CITY-ST-ZIP	AVON PARK, FL 33825	
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:

Leland Basford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)