

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90572 002 \*\*\*\*61.25

**DOCUMENT # N97000005684**

1. Entity Name

**HEREFORD ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business

**1200 HIGHLANDS DRIVE  
 LAKE PLACID FL 33852**

Mailing Address

**1200 HIGHLANDS DRIVE  
 LAKE PLACID FL 33852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0835751**

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

**CHILDS, SARAH K  
 1200 HIGHLANDS DRIVE  
 LAKE PLACID FL 33852**

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]*

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**

**After September 13, 2000 min. will be \$236.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CHILDS, SARAH</b>	
STREET ADDRESS	<b>P.O. BOX 1931 N/A</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33862</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PUTNAM, SALLY</b>	
STREET ADDRESS	<b>1200 HIGHLANDS DRIVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>ST-</b>	<input type="checkbox"/> Delete
NAME	<b>SUMNER, SID</b>	
STREET ADDRESS	<b>395 WEST TYLER STREET</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830-4550</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHMBLESS, BOBBY MR</b>	
STREET ADDRESS	<b>1425 GRAVES HIGHWAY</b>	
CITY-ST-ZIP	<b>DAWSON GA 31742</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASCUE, GEORGE MR</b>	
STREET ADDRESS	<b>RT BOX 89</b>	
CITY-ST-ZIP	<b>CEDAR BLUFF VA 24609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHORE, MARK MR</b>	
STREET ADDRESS	<b>R 1 BOX 331</b>	
CITY-ST-ZIP	<b>WALNUT COVE NC 27052</b>	

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **7/29/00 (863) 465-5729**

CR2E037 (5/00)