

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90018 020 \*\*\*\*61.25

0021418

**DOCUMENT # N97000006322**

1. Entity Name

**FLEMINGTON AREA RECREATIONALA GROUP, INC.**

Principal Place of Business

**8341 W. HWY. 318  
REDDICK FL 32686**

Mailing Address

**8341 W. HWY. 318  
REDDICK FL 32686**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**SMITH, GEORGE E  
8341 W. HWY. 318  
REDDICK FL 32686**

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, 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 **D** ☐ Delete  
NAME **SMITH, GEORGE E**  
STREET ADDRESS **8341 W. HWY. 318**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GARMON, FREDDIE**  
STREET ADDRESS **10021 W. HWY. 318**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BROWN, KENNETH**  
STREET ADDRESS **5350 NW 3RD ST.**  
CITY-ST-ZIP **OCALA FL 32681**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SHEPPARD, MURRVIN**  
STREET ADDRESS **10396 NW 193RD**  
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROBINSON, JACKI**  
STREET ADDRESS **8713 NW 181 PLACE**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RIGGINS, BETTY**  
STREET ADDRESS **P. O. BOX 276**  
CITY-ST-ZIP **LOWELL FL 32663**

TITLE ☐ Change ☐ 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: *George E. Smith* **George E. Smith**

*3/16/01* **3/16/01**

*352-591-1312* **352-591-1312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)