

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006322

1. Entity Name

FLEMINGTON AREA RECREATIONALA GROUP, INC.

Principal Place of Business

Mailing Address

8341 W. HWY. 318
REDDICK FL 32686

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

Name

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

City

FL

Zip Code

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
Date

352-591-1312
Daytime Phone #

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90243 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)