

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000946

1. Entity Name

SOUTHERN REGIONAL FOX TROTTER ASSOCIATION, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90005 015 \*\*\*\*61.25

|                             |  |
|-----------------------------|--|
| Principal Place of Business | Mailing Address                        |
| 19621 57 ROAD<br>MCALPIN FL | 19621 57 ROAD<br>MCALPIN FL 32062-2661 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



DO NOT WRITE IN THIS SPACE

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 59-3493844               | Applied For                    |
|                                  |                          | Not Applicable                 |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SHARP, MARY L  
19621 57 ROAD  
MCALPIN FL

7. Name and Address of New Registered Agent

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:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--------------------------------|--|

10. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | S                       | <input type="checkbox"/> Delete            |
| NAME           | SHARP, MARY L           |  |
| STREET ADDRESS | 19621 57 ROAD           |  |
| CITY-ST-ZIP    | MCALPIN FL              |  |
| TITLE          | P                       | <input type="checkbox"/> Delete            |
| NAME           | ARMSTRONG, LARRY        |  |
| STREET ADDRESS | 12906 LITTLETON BEND RD |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32224   |  |
| TITLE          | V                       | <input checked="" type="checkbox"/> Delete |
| NAME           | COSPER, CAROLE          |  |
| STREET ADDRESS | 4322 WORTH DR WEST      |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207   |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MCDONALD, LEE           |  |
| STREET ADDRESS | 15269 NECR 314          |  |
| CITY-ST-ZIP    | SILVER SPGS FL 34489    |  |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | LAND, ALAN              |  |
| STREET ADDRESS | 6900 OAK BEND RD        |  |
| CITY-ST-ZIP    | POLK CITY FL 33868      |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | CASTAGNASSO, BILLIE     |  |
| STREET ADDRESS | 13809 NE 150TH AVE      |  |
| CITY-ST-ZIP    | FT MCCOY FL 32134       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          |                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Linda Balyeat            |  |
| STREET ADDRESS | 4796 C.R. 104            |  |
| CITY-ST-ZIP    | OXford, FL 3484          |  |
| TITLE          | Director                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Armstrong, Larry         |  |
| STREET ADDRESS | 12906 Littleton Bend Rd. |  |
| CITY-ST-ZIP    | Jacksonville, FL 32224   |  |
| TITLE          | Treasurer                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Peggy Roukersol          |  |
| STREET ADDRESS | 19649 57th Rd            |  |
| CITY-ST-ZIP    | McAlpin, FL 32062        |  |
| TITLE          |                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Wes Lember               |  |
| STREET ADDRESS | PO Box 458               |  |
| CITY-ST-ZIP    | Sparr, FL 32192          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Peggy Black              |  |
| STREET ADDRESS | 5408 28th Ave N.E.       |  |
| CITY-ST-ZIP    | Bradenton, FL 34208      |  |

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]* SIGNATURE REQUIRED

1/24/00 904.963.5213

Date Daytime Phone #

CR2E037 (9/99)