

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90012 031 ****61.25

DOCUMENT # N98000000946

1. Entity Name

SOUTHERN REGIONAL FOX TROTTER ASSOCIATION, INC.

Principal Place of Business

**19621 57 ROAD
 MCALPIN FL**

Mailing Address

**19621 57 ROAD
 MCALPIN FL**

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

59-3493844

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

**SHARP, MARY L
 19621 57 ROAD
 MCALPIN FL**

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 **S** ☐ Delete
 NAME **SHARP, MARY L**
 STREET ADDRESS **19621 57 ROAD**
 CITY-ST-ZIP **MCALPIN FL**

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

TITLE **D** ☒ Delete
 NAME **ARMSTRONG, LARRY**
 STREET ADDRESS **12906 LITTLETON BEND RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☒ Addition
 NAME **President Connie**
 STREET ADDRESS **Wheeler,**
 CITY-ST-ZIP **438 San Jose Winter Haven, FL 33884**

TITLE **V** ☐ Delete
 NAME **LEMLER, WES**
 STREET ADDRESS **PO BOX 458**
 CITY-ST-ZIP **SPARR FL 32192**

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

TITLE **D** ☐ Delete
 NAME **BLACK, PEGGY**
 STREET ADDRESS **5908 28TH AVE DR E**
 CITY-ST-ZIP **BRADENTON FL 34208**

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

TITLE **D** ☒ Delete
 NAME **LAND, ALAN**
 STREET ADDRESS **6900 OAK BEND RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

TITLE ☐ Change ☒ Addition
 NAME **Director Larry Johnson**
 STREET ADDRESS **27726 SW 87th Ave**
 CITY-ST-ZIP **Newberry, FL 32669**

TITLE **P** ☐ Delete
 NAME **BALYEAT, LINDA**
 STREET ADDRESS **4796 CR 104**
 CITY-ST-ZIP **OXFORD FL 34484**

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: *Mary L Sharp* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01 904-963-5213
 Date Daytime Phone #

CR2E037 (10/00)