

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90136 035 \*\*\*\*61.25

**DOCUMENT # N98000000946**

1. Entity Name

**SOUTHERN REGIONAL FOX TROTTER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**19621 57 ROAD  
MCALPIN FL****19621 57 ROAD  
MCALPIN FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3493844**

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

**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-ZIPTITLE **P** ☐ Delete  
NAME **WHEELER, CONNIE**  
STREET ADDRESS **438 SAN JOSE**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **LEMLER, WES**  
STREET ADDRESS **PO BOX 458**  
CITY-ST-ZIP **SPARR FL 32192**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **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-ZIPTITLE **D** ☒ Delete  
NAME **JOHNSON, LARRY**  
STREET ADDRESS **27726 SW 87TH AVENUE**  
CITY-ST-ZIP **NEWBERRY FL 32669**TITLE ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **Sandy Johnson**  
CITY-ST-ZIP **27726 SW 87th Ave**  
**Newberry, FL 32669**TITLE **D** ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/18/02 386-963-5213**

CR2E037 (9/01)