

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90007 002 \*\*\*550.00

**DOCUMENT # P94000019776**

1. Entity Name  
**SEMINOLE COUNTY WILDLIFE ASSOCIATION, INC.**

Principal Place of Business  
**4570 ORANGE BLVD**  
**LAKE MONROE FL 32747**

Mailing Address  
**P.O. BOX 470264**  
**LAKE MONROE FL 32747-0264**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3229883**

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

**WALLACE, GEORGE B**  
**700 W. FIRST ST**  
**SANFORD FL 32771**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **DALE, LARRY A**  
 CITY-ST-ZIP **120 KAYWOOD DRIVE**  
**SANFORD FL 32771**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **GOOD, MICHAEL J**  
 CITY-ST-ZIP **1020 EDMISTON PLACE**  
**LONGWOOD FL 32750**

TITLE ☒ Change ☐ Addition  
 NAME **VICE PRESIDENT**  
 STREET ADDRESS **GOOD, MICHAEL J**  
 CITY-ST-ZIP **1020 EDMISTON PLACE**  
**LONGWOOD, FL 32750**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **TYE, ARTHUR D**  
 CITY-ST-ZIP **22948 WOLF BRANCH ROAD**  
**SORRENTO FL 32776**

TITLE ☐ Change ☒ Addition  
 NAME **SECRETARY / TREASURER**  
 STREET ADDRESS **JAMES W. HAMMOCK**  
 CITY-ST-ZIP **5089 THE OAKS CIRCLE**  
**ORLANDO, FL 32809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**LARRY A DALE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/12/01**

**407-585-4015**

0113466 AT

CR2E034 (5/01)