

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90009 041 ****61.25

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DOCUMENT # 790482

1. Entity Name

FLORIDA BRAHMAN ASSOCIATION, INC.

LA

Principal Place of Business FLORIDA CATTLEMEN'S ASSOCIATION BUILDING 1818 N. BERMUDA AVENUE KISSIMMEE FL 34741	Mailing Address 15995 BELLAMY DR BLVD DADE CITY FL 33523 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 17231 Bellamy Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Dade City, FL
Zip	Country
33523	

4. FEI Number 59-6151508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DILLARD, ED
15995 BELLAMY BROS BLVD
DADE CITY FL 33523**

7. Name and Address of New Registered Agent

Name **Larry Barthle**
 Street Address (P.O. Box Number is Not Acceptable)
17231 Bellamy Blvd.
 City **Dade City, FL** Zip Code **33523**

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 *Larry Barthle* *President*
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 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SVD	<input type="checkbox"/> Delete
NAME	BAILEY, AUBREY	
STREET ADDRESS	RT 2, BOX 1634	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DILLARD, ED	
STREET ADDRESS	15995 BELLAMY BROS. BLVD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DILLARD, JAN B	
STREET ADDRESS	15995 BELLAMY BROS BLVD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHACKELFORD, MARCUS	
STREET ADDRESS	P.O. BOX 935 N/A	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTHLE, LARRY	
STREET ADDRESS	17231 BELLAMY BROS BLVD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, DEE	
STREET ADDRESS	400 JFK MEMORIAL BLVD	
CITY-ST-ZIP	W PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Larry Barthle* RE *Larry Barthle (President)* *7/20/01 352 588 3011*

CR2E037 (5/01)