


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0018086


DOCUMENT # 790482 1. Entity Name FLORIDA BRAHMAN ASSOCIATION, INC.		
Principal Place of Business FLORIDA CATTLEMEN'S ASSOC BLDG 1818 N. BERMUDA AVENUE KISSIMMEE FL 34741 US		Mailing Address 17231 BELLAMY BLVD DADE CITY FL 33523 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Marcus D. Shackelford Suite, Apt. #, etc. P.O. Box 935 City & State Wauchula	
City & State	4. FEI Number 59-6151508	
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

FILED

03 SEP 22 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

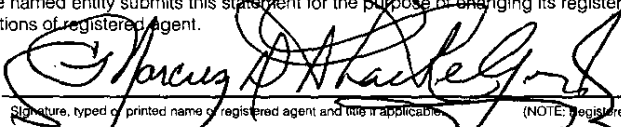
05-23-03 9045 055 61-25



CHECK HERE IF MAKING CHANGES **03**

6. Name and Address of Current Registered Agent BARTHLE, LARRY 17231 BELLAMY BLVD DADE CITY FL 33523	7. Name and Address of New Registered Agent Name Marcus D. Shackelford Street Address (P.O. Box Number is Not Acceptable) 840 WINGATE Road City WAUCHULA, FL Zip Code 33873
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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. I am familiar with, and accept the obligations of registered agent.

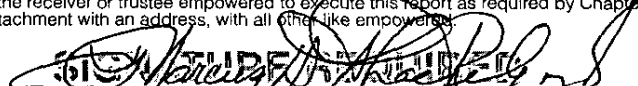
SIGNATURE:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 10, 2003, 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 Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BAILEY, AUBREY RT 2, BOX 1634 LAKE CITY FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marcus D. Shackelford D.O. Box 935 Wauchula, FL 33873-0935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLARD, ED 15995 BELLAMY BROS. BLVD DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. Kevin Norris 4315 DAK THICKET LANE Zolfo Springs, FL 33890 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DILLARD, JAN B 15995 BELLAMY BROS BLVD DADE CITY FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Barthle 1723 N. Bellamy Road DADE City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHACKELFORD, MARCUS P.O. BOX 935 N/A WAUCHULA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANET Partin 2730 Neptune Road, Kissimmee DADE CITY FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTHLE, LARRY 17231 BELLAMY BROS BLVD DADE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Jimmy Chapman 3650 N Canoe Creek Rd Kendallville, FL 34739 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, DEE 400 JFK MEMORIAL BLVD W PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Mike Partin 2730 Neptune Rd Kissimmee, FL 34774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE:  DATE: **9-17-03** DAYTIME PHONE #: **863-773-4616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)