

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90088 045 ****70.00

DOCUMENT # 705535

1. Entity Name

NORTH BREVARD HORSEMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

4255 GOLDEN SHORES BLVD.
 MIMS FL 32754
 US

P.O. BOX 594
 MIMS FL 32754-0594
 US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWANN, ROBERT
4345 APRIL LANE
MIMS FL 32754

Name **Thomas Stevens**

Street Address (P.O. Box Number is Not Acceptable)

2910 Lionel Rd

#3

City

MIMS FL

32754

FL

Zip Code **32754**

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: **Thomas Stevens** PRESIDENT *Thomas Stevens*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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 Delete
 NAME **PD SWANN, ROBERT**
 STREET ADDRESS **4345 APRIL LANE**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
 NAME **PD Thomas Stevens**
 STREET ADDRESS **2910 Lionel Rd**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE Delete
 NAME **VD STEVENS, THOMAS**
 STREET ADDRESS **2910 LIONEL RD**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
 NAME **V.P. Bonnie King**
 STREET ADDRESS **250 US #3**
 CITY-ST-ZIP **OAK HILL FL 32759**

TITLE Delete
 NAME **T UDDO, TERI**
 STREET ADDRESS **2400 SWEETWATER COURT**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S WISDOM, PAT**
 STREET ADDRESS **1700 OLD MIMS RD**
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE Change Addition
 NAME **S Lucy Kershner**
 STREET ADDRESS **4974 International Ave**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE Delete
 NAME **D KING, BONNIE**
 STREET ADDRESS **250 U.S. 1 SOUTH**
 CITY-ST-ZIP **OAK HILL FL 32759**

TITLE Change Addition
 NAME **D. Barbara Calhoun**
 STREET ADDRESS **5050 International Ave**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Teri Uddo* **TERI UDDO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

321-268-4039

Day/Time Phone #

CR2E037 (9/99)