

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90092 049 ****70.00

0023459

DOCUMENT # 705535

1. Entity Name

NORTH BREVARD HORSEMAN'S CLUB, INC.

D0030152



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4255 GOLDEN SHORES BLVD.
 MIMS FL 32754
 US

P.O. BOX 594
 MIMS FL 32754
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

STEVENS, THOMAS
 2910 LIONEL RD
 MIMS FL 32754

Name **BARBARA CALHOUN**

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

5050 International Dr.

City **MIMS**

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 *Barbara Calhoun*

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

(NOTE: Registered Agent signature required when reinstating)

3-27-01

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

TITLE PRES Change Addition
 NAME BARB CALHOUN
 STREET ADDRESS 5050 INTERNATIONAL AVE
 CITY-ST-ZIP MIMS FL 32754

TITLE VP Delete
 NAME KING, RONNIE
 STREET ADDRESS 250 US #1
 CITY-ST-ZIP OAK HILL FL 32759

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME KERSHNER, WAY
 STREET ADDRESS 4974 WATERNODIONAL AVE
 CITY-ST-ZIP MIMS FL 32754

TITLE SEC Change Addition
 NAME KERSHNER, LUCY
 STREET ADDRESS 4974 INTERNATIONAL AVE
 CITY-ST-ZIP MIMS FL 32754

TITLE D Delete
 NAME CALHOUN, BARBARA
 STREET ADDRESS 5050 INTERNATIONAL AVE
 CITY-ST-ZIP MIMS FL 32754

TITLE DIRECTOR Change Addition
 NAME BEN KITTLES
 STREET ADDRESS 3129 OLD DIXIE HWY
 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: *THOMAS STEVENS* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

Date

268-4038

Daytime Phone #

CR2E037 (10/00)