2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90070 041 ****70.00

DOCUMENT # 712132

1. Entity Name

FLORIDA WALKING AND RACKING HORSE ASSOCIATION, I

Principal Place of Business	Mailing Address
~~9831 SW 67TH TERR~~ ~~OCALA FL 34476~~ US	~~9831 S W 67TH TERR~~ ~~OCALA FL 34476-9390~~ US C/O ELAINE McKAY
2. Principal Place of Business	3. Mailing Address
12743 Tyler Run Ave	12743 Tyler Run Ave
Suite, Apt. #, etc. ~~#0~~	Suite, Apt. #, etc.
City & State: ODESSA FL	City & State: ODESSA, FL
Zip: ~~F~~33556 Country: USA	Zip: 33556 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1574599 ☐ Applied For ☐ Not Applicable

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
~~DOXEY, ELAINE H~~ ~~9831 S W 67TH TERR~~ ~~OCALA FL 34476~~	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: Elaine M. McKay, Treasurer — 5/1/00
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOXEY, ELAINE 9831 SW 67TH TERR OCALA FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ELAINE M. McKAY 12743 Tyler Run Ave ODESSA FL 33556	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICE, EHRICH 6307 CRESTVIEW DR BROOKVILLE FL 34602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SUSAN PHILLIPS 16213 CLARENCE CTR RD GROVELAND FL 34736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRES. MILLER, TINA 405 W. HIGHBANKS DEBARRY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT TRACY L. PINSON P.O. BOX 1477 BUSHNELL, FL 33513	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HASKINS, SHERYL 1340 OLD DIXIE HWY TITUSVILLE FL 32796	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VICE PRESIDENT~~ ~~TRACY L PINSON~~ ~~P.O. BOX~~ ~~BUSHNELL, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARY~~ ~~SUSAN PHILLIPS~~ ~~GROVELAND FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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.

ELAINE M. McKAY

SIGNATURE: Elaine M. McKay Treas — 5/1/00 — 813-226-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #