

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90042 012 ****61.25

DOCUMENT # 727798

1. Entity Name

FLORIDA TRAIL RIDERS, INC.

Principal Place of Business

Mailing Address

PO BOX 1071
 DEBARY FL 32713-1071
 US

PO BOX 1071
 DEBARY FL 32713-1071
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1538365

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

J. C. TERRELL
911 WINDING OAKS DRIVE
PALM HARBOR FL 34683

Name: **Daniel T. George**
 Street Address (P.O. Box Number is Not Acceptable):
116 Juan Road
DeBary, FL 32713
 City: **DeBary** **FL** Zip Code: **32713**

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 Daniel T. George Business Manager

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/00

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	P	<input type="checkbox"/> Delete
NAME	ENYART, TERRY	
STREET ADDRESS	3444 FOXWOOD BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAMB, JENNI	
STREET ADDRESS	3165 BRENTWOOD LANE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHNELBACH, JOHN	
STREET ADDRESS	2004-4 BEACH TRAIL	
CITY-ST-ZIP	INDIAN ROCKS FL 33785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEW, STEVE	
STREET ADDRESS	2818 W CHARING RD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	GEORGE, DANIEL T	
STREET ADDRESS	116 JUAN ROAD	
CITY-ST-ZIP	DEBARY FL 32713-3509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12455 102nd Av	
CITY-ST-ZIP	Seminole, FL 32778	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horn, Cheryl	
STREET ADDRESS	190 Bakers Acres	
CITY-ST-ZIP	Hawthorne, FL 32640	
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00

407-668-9700

CR2E037 (9/99)