

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90212 048 ****61.25

DOCUMENT # 727798

1. Entity Name

FLORIDA TRAIL RIDERS, INC.

Principal Place of Business

PO BOX 1071
 DEBARY FL 32713-1071
 US

Mailing Address

PO BOX 1071
 DEBARY FL 32713-1071
 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

59-1538365

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

GEORGE, DANIEL T
116 JUAN ROAD
DEBARY FL 32713

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 _____

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 Delete
 NAME **P ENYART, TERRY**
 STREET ADDRESS **3444 FOXWOOD BLVD**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33543**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD LAMB, JENNI**
 STREET ADDRESS **3165 BRENTWOOD LANE**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD SCHNELBACH, JOHN**
 STREET ADDRESS **12455 102ND AVE**
 CITY-ST-ZIP **SEMINOLE FL 32778**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD HORN, CHERYL**
 STREET ADDRESS **190 BAKERS ACRES**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **M GEORGE, DANIEL T**
 STREET ADDRESS **116 JUAN ROAD**
 CITY-ST-ZIP **DEBARY FL 32713-3509**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

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

Date **1/22/01**

Daytime Phone # **407-668-9700**

CR2E037 (10/00)