

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728437

1. Entity Name

INDIAN HAMMOCK HUNT AND RIDING CLUB, INC.

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90618 027 \*\*\*\*61.25

0090640

Principal Place of Business

Mailing Address

32801 NORTH US 441  
SUITE 400  
OKEECHOBEE FL 34972-0271

32801 NORTH US 441  
SUITE 400  
OKEECHOBEE FL 34972-0271

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

59-1529251

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

DOVER, WILLARD D.  
% NILES DOBBINS, MEEKS, RALIEGH & DOVER  
2601 E OAKLAND PARK BLVD., SUITE 400  
FORT LAUDERDALE FL 33306

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MACLAIN, GAIL  
32801 HWY 441 N # 206  
OKEECHOBEE FL 34972 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PARKER, THOMAS  
726 N CRESCENT DRIVE  
HOLLYWOOD FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MILLER, COREY  
32801 HIGHWAY 441 N #224  
OKEECHOBEE FL 34972 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dover, Willard  
2601 E Oakland Park Blvd Ste 400  
Ft. Lauderdale, FL 33306 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WHIPPLE, CHARLES  
32801 HIGHWAY 441 N #48  
OKEECHOBEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change to Treasurer ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HOULIHAN, JO LEE  
827 N HIGHLANDS DRIVE  
HOLLYWOOD FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUME, JOHN  
5941 N.E. 15TH AVENUE  
FT. LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/02

1-800-922-1903

CR2E037 (9/01)