

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90038 032 ****61.25

DOCUMENT # 731612

1. Entity Name

EVERGLADES APPALOOSA HORSE CLUB, INC.

Principal Place of Business

Mailing Address

C/O MCCARTNEY CONSTRUCTION CO.
 1509 SE 4TH AVENUE
 FT. LAUDERDALE FL 33316

C/O MCCARTNEY CONSTRUCTION CO.
 1509 SE 4TH AVENUE
 FT. LAUDERDALE FL 33316-2541

2. Principal Place of Business

3. Mailing Address

2980 SW 116 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE FL

4. FEI Number

59-2427949

Applied For

Not Applicable

Zip

Country

Zip

Country

33330

BROWARD

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

PERKINS, TOBY
5220 SOUTHWEST 109TH AVENUE
FT. LAUDERDALE FL 33285

Name **MELINDA S. SCHWARTZ**

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

2980 SW 116 AVE.

City **DAVIE**

FL

Zip Code **33330**

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

Melinda Schwartz (President - MELINDA S. SCHWARTZ) **4/9/00**

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	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, M	
STREET ADDRESS	2980 SW 116 AVE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, T	
STREET ADDRESS	5220 SW 109 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAUL, J	
STREET ADDRESS	14421 SW 24TH ST	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSEN, B	
STREET ADDRESS	13360 SW 29TH ST.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCARTNEY, S	
STREET ADDRESS	1509 SE 4TH AVE	
CITY-ST-ZIP	FT LAUD FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOBY PERKINS	
STREET ADDRESS	5220 SW 109 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA SLUDER	
STREET ADDRESS	5075 SW 70 AVENUE	
CITY-ST-ZIP	DAVIE FL 33314	
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		
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:

Melinda S. Schwartz **PRESIDENT** **MELINDA S. SCHWARTZ** **4/9/00** **954.472.2233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)