

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

0048539

DOCUMENT # 731612

1. Entity Name

EVERGLADES APPALOOSA HORSE CLUB, INC.

01-19-2001 90023 049 ****61.25

Principal Place of Business C/O MCCARTNEY CONSTRUCTION CO. 1509 SE 4TH AVENUE FT. LAUDERDALE FL 33316	Mailing Address C/O MCCARTNEY CONSTRUCTION CO. 2980 SW 116 AVE DAVIE FL 33330
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00000002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2980 SW 116 AVE	3. Mailing Address 2980 SW 116 AVE
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Suite, Apt. #, etc.

City & State DAVIE FLORIDA	City & State DAVIE FLORIDA
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4. FEI Number 59-2427949	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33330	Country USA	Zip 33330	Country USA
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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
2980 SW 116 AVE
DAVIE FL 33330

Name **ADDRESS CORRECTION; T. PERKINS**
 Street Address (P.O. Box Number is Not Acceptable)
5220 SW 109 AVE
 City **FORT LAUDERDALE FL** Zip Code **33328**

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	P SCHWARTZ, M 2980 SW 116 AVE DAVIE FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLUDER, LINDA 5075 SW 70 AVE DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL, J 14421 SW 24TH ST DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSEN, B 13360 SW 29TH ST. DAVIE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, TOBY 5220 SW 109 AVE FORT LAUDERDALE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JC FREEMAN 18130 SW 68 CT. FT. LAUDERDALE FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY S MICHELE BLAIR 1101 NW 146 ST MIRAMAR FL 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Laurie Stanton 1672 NW 113 Way Pemaronore Pines FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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 Schwartz* **MELINDA S. SCHWARTZ PRES. 1/8/01 954.472.2233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #