


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90057 007 ****61.25

DOCUMENT # 731612

1. Entity Name
EVERGLADES APPALOOSA HORSE CLUB, INC.



Principal Place of Business
**2980 SW 116 AVE
DAVIE FL 33330**

Mailing Address
**2980 SW 116 AVE
DAVIE FL 33330**

30013334

2. Principal Place of Business
5075 SW 70th Ave

3. Mailing Address

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Davie Fla

City & State

Zip
33314

Country
Bro.

4. FEI Number **59-2427949**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERKINS, TOBY
5220 SW 109 AVE
FORT LAUDERDALE FL 33328**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, M 2980 SW 116 AVE DAVIE FL 33330 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLUDER, LINDA 5075 SW 70 AVENUE 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIR, MICHELLE 1101 NW 146 CT MIRAMAR FL 33168 <input 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	S BLAIR, MICHELLE 1101 NW 146 ST MIRAMAR FL 33168 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Sluder Linda 5075 SW 70 Ave Davie Fla 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Janet Wooten 400 SW 56th Ave Plantation Fla 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO. Schwartz M 2980 SW 116 Ave Davie Fla 33330 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Blair Michelle 1101 NW 146 St Miami Fla 33168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Perkins Toby 5220 SW 109 Ave Ft. Laud. 33328 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Blair Michelle 1101 SW 146 St Miami Fla 33168 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(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** 1/30/03 Cell- 305 335-5229

CR2E037 (10/02)