

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761362

1. Entity Name:  
VINCEREMOS RIDING CENTER, INC.

Principal Place of Business

13300 6TH COURT N  
LOXAHATCHEE FL 33470

Mailing Address

13300 6TH COURT N  
LOXAHATCHEE FL 33470-4901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2274451

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHARLOTTE  
7342 PINE PARK DRIVE NORTH  
LAXAHATCHEE FL 33470

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.

SIGNATURE

*Charlotte Smith, Secretary*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BROGLIO, LEE	
STREET ADDRESS	304 MARBLE CANYON	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, CHARLOTTE	
STREET ADDRESS	7342 PINE PARK DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSCHOK, EMILY M	
STREET ADDRESS	11955 POLO CLUB RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNICHOLAS, MARY	
STREET ADDRESS	25 SEMINOLE PRATT WHITNEY RD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLUGGET, JEFF	
STREET ADDRESS	25 SEMINOLE PRATT WHITNEY RD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPOOR, KERRY	
STREET ADDRESS	165 CLEARY RD	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Ray O'Toole,	
STREET ADDRESS	12141 Tumbleweed Court	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. James Corbin	
STREET ADDRESS	12794 Forest Hill Blvd. Ste 10-A	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patti Hadden	
STREET ADDRESS	4045 Gem Lake Drive	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Lee Kleinman	
STREET ADDRESS	12125 Tumbleweed Ct.	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ms. Emily Marabok	
STREET ADDRESS	11955 Polo Club Rd.	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Daym Pingtion	
STREET ADDRESS	1665 Palm Beach Lakes Blvd. Ste 900	
CITY-ST-ZIP	West Palm Beach, FL 33401	

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:

*Charlotte Smith, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90020 005 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE