

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90004 032 ****70.00

DOCUMENT # 761362

1. Entity Name

VINCEREMOS RIDING CENTER, INC.



Principal Place of Business

Mailing Address

13300 6TH COURT N
 LOXAHATCHEE FL 33470

13300 6TH COURT N
 LOXAHATCHEE FL 33470

A0078119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2274451**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SMITH, CHARLOTTE
752 PINE PARK DRIVE NORTH
LOXAHATCHEE FL 33470

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 DATE 7-6-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	<input checked="" type="checkbox"/> Delete
NAME	O'TOOLE, RAY MR.
STREET ADDRESS	12141 TUMBLEWEED COURT
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input checked="" type="checkbox"/> Delete
NAME	CORBIN, JAMES MR.
STREET ADDRESS	12794 FOREST HILL BLVD STE 10-A
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	HADDEN, PATTI
STREET ADDRESS	4045 GEM LAKE DR
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	<input type="checkbox"/> Delete
NAME	KLEINMAN, LEE MR.
STREET ADDRESS	12125 TUMBLEWEED CT
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	MARSHOK, EMILY MS.
STREET ADDRESS	11955 POLO CLUB RD
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	PINGLTON, DAYRN MR.
STREET ADDRESS	1665 PALM BCH LAKES BLVD STE-900
CITY-ST-ZIP	WEST PALM BEACH FL 33401

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Iseult Broglio
STREET ADDRESS	304 Marble Canyon Dr
CITY-ST-ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Jessie Cappola
STREET ADDRESS	11964 Polo Club Rd
CITY-ST-ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Neil Macmillan
STREET ADDRESS	13493 Columbine Ave
CITY-ST-ZIP	Wellington FL 33414
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Mary Ann McPhail
STREET ADDRESS	10 Cypress Grove Lane
CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Richard Thompson
STREET ADDRESS	1443 Laurel Trail
CITY-ST-ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Terry Lino
STREET ADDRESS	13355 Wrenham Ct
CITY-ST-ZIP	Wellington FL 33414

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: Walter D. McPhail Executive Director DATE 7-6-01

CR2E037 (5/01)