

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90524 022 ****70.00

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**

90011779



CHECK HERE IF MAKING CHANGES

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
7342 PINE PARK DRIVE NORTH
LAXAHATCHEE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charlotte Smith*

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BROGLIO, ISEULT	
STREET ADDRESS	304 MARBLE CANYON DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPOLA, JESSIA	
STREET ADDRESS	11967 POLO CLUB ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	HADDEN, PATTI	
STREET ADDRESS	4045 GEM LAKE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEINMAN, LEE MR.	
STREET ADDRESS	12125 TUMBLEWEED CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHOK, EMILY MS.	
STREET ADDRESS	11955 POLO CLUB RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Charlotte Smith</i>	
STREET ADDRESS	<i>7342 Pine Park Dr</i>	
CITY-ST-ZIP	<i>Lake Worth, FL 33467</i>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Iseult Broglio</i>	
STREET ADDRESS	<i>304 Marble Canyon Dr.</i>	
CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Neil MacMillan</i>	
STREET ADDRESS	<i>13494 Columbus Ave</i>	
CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE		<input 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: *Charlotte Smith* **REQUIRED**

CR2E037 (10/02)