

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90012 017 ****70.00

DOCUMENT # F97000001468

1. Entity Name

THOROUGHBRED RETIREMENT FOUNDATION, INC.

Principal Place of Business

1050 STATE HWY 35 #351
 SHREWSBURY NJ 07702

Mailing Address

1050 STATE HWY 35 #351
 SHREWSBURY NJ 07702

2. Principal Place of Business

PMB 351

Suite, Apt. #, etc.

450 Shrewsbury Plaza

City & State

Shrewsbury, NJ

Zip

07702-4332

Country

USA

3. Mailing Address

PMB 351

Suite, Apt. #, etc.

450 Shrewsbury Plaza

City & State

Shrewsbury, NJ

Zip

07702-4332

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3132741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ELLIE
3863 WOODS WALK BLVD
LAKE WORTH FL 33467

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

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
After September 13, 2000 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

TITLE	DC	<input type="checkbox"/> Delete
NAME	KOEHLER, MONIQUE S	
STREET ADDRESS	174 DEEPPDALE DR	
CITY-ST-ZIP	MIDDLETOWN NJ 07748	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LANDON, DEBORAH	
STREET ADDRESS	410 EE 57TH ST	
CITY-ST-ZIP	NY-NY-10022	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HODES, CAROL	
STREET ADDRESS	66 STAGHORN DR	
CITY-ST-ZIP	MATAWAN NJ 07747	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELDEN, JAMES	
STREET ADDRESS	520 SWEET WOOD WAY	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHENERY, PENNY	
STREET ADDRESS	825 WALNUT HILL RD	
CITY-ST-ZIP	LEXINGTON KY 40515	
TITLE	D	<input type="checkbox"/> Delete
NAME	FURST, ALAN	
STREET ADDRESS	MILLBROOK RD	
CITY-ST-ZIP	NEW VERNON NJ 08816	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 or without the empowered.

SIGNATURE

Raymond G. Roy, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00
 Date

732-957-0182
 Daytime Phone #

CR2E037 (5/00)