

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 26, 2001 08:00 AM
Secretary of State**

DOCUMENT # F97000001468

1. Entity Name
THOROUGHbred RETIREMENT FOUNDATION, INC.

Principal Place of Business 450 SHREWSBURY PLAZA SHREWSBURY NJ 07702	Mailing Address 450 SHREWSBURY PLAZA SHREWSBURY NJ 07702
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2. Principal Place of Business 450 SHREWSBURY PLAZA Suite, Apt. #, etc. SUITE 351	3. Mailing Address 450 SHREWSBURY PLAZA Suite, Apt. #, etc. SUITE 351
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City & State SHREWSBURY NJ	City & State SHREWSBURY NJ	4. FEI Number 13-3132741	Applied For <input type="checkbox"/> Not Applicable
Zip 07702	Country	Zip 07702	Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES ELLIE
3863 WOODS WALK BLVD

LAKE WORTH FL
33467 US

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 _____ DATE **04/26/2001**

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
Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRISON MICHAEL 3155 ROUTE 10E DENVER NJ 07834 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROY RAYMOND P.O. BOX 188 PLEASANT VALLEY CT 06063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STUART JOHN 6289 HARRODSBURG RD NICHOLASVILLE KY 40356 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KOEHLER MONIQUE S 174 DEEPPDALE DR MIDDLETOWN NJ 07748 <input checked="" 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 119.07(3)(f), 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: MONIQUE S. KOEHLER DC 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)