

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90079 008 ****61.25

DOCUMENT # N34253

1. Entity Name

RETIREMENT HOME FOR HORSES, INC.

Principal Place of Business

Mailing Address

20213 NW 235A
 P. O. BOX 2100
 ALACHUA FL 32615-2100
 US

P. O. BOX 2100
 ALACHUA FL 32615-2100
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, MELISSA JAY
703 NE 1ST STREET
SUITE C
GAINESVILLE FL 32601

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

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 NAME	DPT GREGORY, PETER F.	<input type="checkbox"/> Delete
STREET ADDRESS	COUNTRY ROAD 235A	
CITY-ST-ZIP	ALACHUA FL 32616-1320	
TITLE NAME	DV GREGORY, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	COUNTRY ROAD 235A	
CITY-ST-ZIP	ALACHUA FL 32616-1320	
TITLE NAME	D YOHO, TED S	<input type="checkbox"/> Delete
STREET ADDRESS	8209 SW 95TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE NAME	DS JENSEN, HOLLY	<input type="checkbox"/> Delete
STREET ADDRESS	11714 SW 89 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608-6289	
TITLE NAME	D STINE, GENE	<input type="checkbox"/> Delete
STREET ADDRESS	280 W MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	ALACHUA FL 32616-2169	
TITLE NAME	VD HUIZENGA-VAN HART, PAM	<input type="checkbox"/> Delete
STREET ADDRESS	920 E LAS OLAS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

SIGNATURE REQUIRED **Peter Gregory**

2/16/01

386 962 1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)