

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90326 014 ****70.00

DOCUMENT # N34253

1. Entity Name
RETIREMENT HOME FOR HORSES, INC.

Principal Place of Business 20213 NW 235A P. O. BOX 2100 ALACHUA FL 32615-2100 US	Mailing Address P. O. BOX 2100 ALACHUA FL 32615-2100 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
--	--

Zip 32616-2100	Country	Zip 32616-2100	Country
--------------------------	---------	--------------------------	---------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
**MURPHY, MELISSA JAY
 703 NE 1ST STREET
 SUITE C
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent
 Name **PETER F. GREGORY**
 Street Address (P.O. Box Number is Not Acceptable)
~~20307 NW 235A~~
 City **ALACHUA FL** Zip Code **32616**

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 *Peter F. Gregory* **PETER F. GREGORY** **PRESIDENT** **4/24/02**
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	DPT GREGORY, PETER F. COUNTRY ROAD 235A ALACHUA FL 32616-1320	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREGORY, MARY COUNTRY ROAD 235A ALACHUA FL 32616-1320	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOHO, TED S. 8209 SW 95TH LANE GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENSEN, HOLLY 11714 SW 89 STREET GAINESVILLE FL 32608-6289	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINE, GENE 280 W MARTIN LUTHER KING BLVD. ALACHUA FL 32616-2169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUIZENGA-VAN HART, PAM 920 E LAS OLAS BLVD FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUIZENGA, PAM 505 IDLEWYLD DRIVE FT LAUDERDALE FL 33301-2731	<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)(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: *Peter F. Gregory* **PETER F. GREGORY** **4/24/02** **384-462-1001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)