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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90135 035 ****61.25

00/0449

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: 32616-2100 / Country	Zip: 32616-2100 / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

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
GREGORY, PETER F 20307 NW 235A ALACHUA FL 32616	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 _____
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	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREGORY, PETER F.	NAME	
STREET ADDRESS	COUNTRY ROAD 235A	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32616-1320	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREGORY, MARY	NAME	
STREET ADDRESS	COUNTRY ROAD 235A	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32616-1320	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YOHO, TED S	NAME	
STREET ADDRESS	8209 SW 95TH LANE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	CITY-ST-ZIP	
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JENSEN, HOLLY	NAME	
STREET ADDRESS	11714 SW 89 STREET	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608-6289	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	STINE, GENE	NAME	
STREET ADDRESS	280 W MARTIN LUTHER KING BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32616-2169	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUIZENGA, PAM	NAME	
STREET ADDRESS	505 IDLEWYLD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301-2731	CITY-ST-ZIP	

CR2E037 (10/02)

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 REQUIRE PETER GREGORY 7/25/03 386 462 1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #