

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90177 016 ****61.25

DOCUMENT # N36704

1. Entity Name

FLORIDA THOROUGHBRED CHARITIES, INC.

Principal Place of Business

Mailing Address

**C/O MARGARET PALMER
 4727 NW 80TH AVENUE
 Ocala FL 34482**

**C/O MARGARET PALMER
 4727 NW 80TH AVENUE
 Ocala FL 34482-2031**

00004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2991947

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PALMER, MARGARET
 828 SE FT. KING STREET
 Ocala FL 34471**

Name **Richard E Hancock**

Street Address (P.O. Box Number is Not Acceptable)
4727 NW 80th Avenue

City **Ocala**

FL

Zip Code
34482

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

[Handwritten Signature]

1/12/00

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 **VD** Delete
 NAME **O'FARRELL, J. MICHAEL JR**
 STREET ADDRESS **4400 SW 27TH AVENUE**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SILVER, STEVE**
 STREET ADDRESS **1516 SE 23RD AVENUE**
 CITY-ST-ZIP **OCALA FL 34478**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HANCOCK, RICHARD E.**
 STREET ADDRESS **4727 NW 80TH AVENUE**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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 all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

352-629-2160

Date

Daytime Phone #

CR2E037 (9/99)