

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-12-2001 90241 050 ****61.25

DOCUMENT # N38461

1. Entity Name

GRAND PRIX VILLAGE EQUESTRIAN CLUB OWNERS' ASSOC

Principal Place of Business

**1301 SIXTH AVE WEST
 SUITE 406
 BRADENTON FL 34205**

Mailing Address

**1301 SIXTH AVE WEST
 SUITE 406
 BRADENTON FL 34205**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0256392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MISCHE
 MISCHE, EUGENE R
 1301 SIXTH AVE WEST
 SUITE 406
 BRADENTON FL 34205**

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

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 ☐ Delete
 NAME **STD**
 STREET ADDRESS **MISCHE, EUGENE R**
 CITY-ST-ZIP **1301 SIXTH AVE WEST STE 406
 BRADENTON FL 34205**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **GILL, HARRY R**
 CITY-ST-ZIP **BOX 79 RD1 FOSTER RD
 MALVERN PA 19355**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MORRISSEY, PATRICK W**
 CITY-ST-ZIP **1301 SIXTH AVE WEST STE 406
 BRADENTON FL 34205**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CUNNIFFE, FRANKLYN**
 CITY-ST-ZIP **77 ELMWOOD RD
 SOUTH SALEM NY 10590**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BERKLEY, KENNETH**
 CITY-ST-ZIP **1301 SIXTH AVE WEST STE 406
 BRADENTON FL 34205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

Date

Daytime Phone #

941-744-5465

CR2E037 (10/00)