

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90085 001 \*\*\*\*61.25

007761

**DOCUMENT # N42305**  
 1. Entity Name  
**SHERIFF'S EQUESTRIAN ASSOCIATION, INC.**

Principal Place of Business <b>MELITA BALLARD, SECRETARY</b> 176 MARLIN RD S. VENICE FL 34293 US	Mailing Address <b>MELITA BALLARD, SECRETARY</b> 176 MARLIN RD S. VENICE FL 34293 US
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2. Principal Place of Business <b>JAN KULP, SECRETARY</b>	3. Mailing Address <b>JAN KULP, SECRETARY</b>
Suite, Apt. #, etc. <b>13238 FOWLER AVENUE</b>	Suite, Apt. #, etc. <b>13238 FOWLER AVENUE</b>
City & State <b>PORT CHARLOTTE, FL</b>	City & State <b>PORT CHARLOTTE, FL</b>



DO NOT WRITE IN THIS SPACE

Zip <b>33981</b>	Country <b>US</b>	Zip <b>33981</b>	Country <b>US</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIDS, H. VERNON**  
**165 W GREEN ST**  
**ENGLEWOOD FL 34223**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**SEE 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	PD TWEDT, LYNN 5831 ORCHIS RD VENICE FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORMAN, PEGGY 6546 JOE JEFF ST NORTH PORT FL 34286 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALLARD, MELITA 176 MARLIN ROAD SOUTH VENICE FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALLARD, JULIE 525 N HAVANA RD VENICE FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD BRITT, MAXINE 1030 ALBEE FARM ROAD VENICE FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B PONELEIT, MARGIE 2914 HERMITAGE BOULEVARD VENICE FL 34292 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KULP, JAN 13238 FOWLER AVENUE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORMAN, PEGGY 6546 JOE JEFF ST. NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, JACQUI 1279 GRAHAM BLVD VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELEN MARCHESE 8361 DOROTHY AVENUE NORTH PORT, FL 34286 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISA PHILLIPS 964 1ST DIRT ROAD VENICE, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PONELEIT, MARGIE 235 KEYSTONE VENICE, FL 34292 <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: Peggy L. Moorman **REQUIRE** PEGGY L. MOORMAN/PRESIDENT **3/8/01** 941-423-1186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment  
Document # N4 2305  
AW3226

(CONTINUATION SHEET)

2001 UNIFORM BUSINESS REPORT  
SHERIFF'S EQUESTRIAN ASSOCIATION, INC.  
DOC # N42305

11. Additions/Changes to Officers and Directors in 10

Addition:

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LYNN WRIGHT  
7351 Palomino Trail  
Sarasota, FL 34241