

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90233 045 ****61.25

DOCUMENT # N42305

1. Entity Name

SHERIFF'S EQUESTRIAN ASSOCIATION, INC.

Principal Place of Business

JAN KULP, SECRETARY
 13238 FOWLER AVENUE
 PORT CHARLOTTE FL 33981
 US

Mailing Address

JAN KULP, SECRETARY
 13238 FOWLER AVENUE
 PORT CHARLOTTE FL 33981
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **SO KULP, JAN**
 STREET ADDRESS **13238 FOWLER AVENUE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE Change Addition
 NAME **D HELEN MARCHESE**
 STREET ADDRESS **8361 DOROTHY AVENUE**
 CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE Delete
 NAME **PD MOORMAN, PEGGY**
 STREET ADDRESS **6546 JOE JEFF ST**
 CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE Change Addition
 NAME **D THEA RHODES**
 STREET ADDRESS **262 N. AUBURN ROAD**
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE Delete
 NAME **D BALLARD, JACQUI**
 STREET ADDRESS **1279 GRAHAM BLVD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME **D LYNN WRIGHT**
 STREET ADDRESS **7351 PALOMINO TRAIL**
 CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE Delete
 NAME **T BALLARD, JULIE**
 STREET ADDRESS **525 N HAVANA RD**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Change Addition
 NAME **D JACQUI BALLARD**
 STREET ADDRESS **176 MARLIN ROAD**
 CITY-ST-ZIP **VENICE, FL 34293**

TITLE Delete
 NAME **BD BRITT, MAXINE**
 STREET ADDRESS **1030 ALBEE FARM ROAD**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD PONELEIT, MARGIE**
 STREET ADDRESS **235 KEYSTONE**
 CITY-ST-ZIP **VENICE FL 34292**

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:

Jan Kulp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Kulp / Secretary
 DATE

02-18-02
 Date

941-697-3599
 Daytime Phone #

CR2E037 (9/01)