

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000977

1. Entity Name

SOUTHEASTERN NATIONAL SHOW HORSE ASSOCIATION, IN

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90080 022 ****61.25

Principal Place of Business

Mailing Address

1441 EAST HIGHWAY 316
CITRA FL 32113

1441 EAST HIGHWAY 316
CITRA FL 32113-3731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2190 Rockledge Drive

3. Mailing Address

2190 Rockledge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Rockledge, FL

City & State
Rockledge, FL

4. FEI Number 59-3308440

Applied For
Not Applicable

Zip
32955

Country
Brevard

Zip
32955

Country
Brevard

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

SHEEHE & VENDITTELLI P.A.
1800 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLIGAN, MISDEE
1441 E. HIGHWAY 316
CITRA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHEEHE, PHILLIP J
201 S. BISCAYNE BLVD.
MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MIXEL, DEBBIE R
1102 SEMINOLE DR.
SATELLITE BEACH FL 32937 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
SHANNON, HARMONY
2190 Rockledge Dr
Rockledge, FL 32955 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARMONY, TOM
2190 ROCKLEDGE DR.
ROCKLEDGE FL 32955 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 321-636-0693

Date

Daytime Phone #

CR2E037 (9/99)