

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000977

1. Entity Name

SOUTHEASTERN NATIONAL SHOW HORSE ASSOCIATION, INC.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90083 049 ****61.25

Principal Place of Business

Mailing Address

2190 ROCKLEDGE DR
ROCKLEDGE FL 32955

2190 ROCKLEDGE DR
ROCKLEDGE FL 32955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3308440

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

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 S JONES, ROTH
STREET ADDRESS 6030 BALBOA ST
CITY-ST-ZIP PORT ST. JOHN FL 32927 ☐ Delete

TITLE NAME SECRETARY DIRECTOR JANE E ROTH
STREET ADDRESS 6030 Balboa St
CITY-ST-ZIP Port St. John, FL 32927 ☒ Change ☐ Addition

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

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

TITLE NAME PD HARMONY, SHANNON
STREET ADDRESS 2190 ROCKLEDGE DR
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

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

TITLE NAME D HARMONY, TOM
STREET ADDRESS 2190 ROCKLEDGE DR.
CITY-ST-ZIP 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: *Tom Harmony* TOM HARMONY 4/24/02 631-595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)