2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9600001396**

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILE NOW: FEE IS \$61.25

5900 VETERANS MEMORIAL DR

TALLAHASSEE FL 32308

BRANTLEY, PATTY

Segal, Fred

6659 PROCTOR ROAD

TALLAHASSEE FL 32301

289 SOUTHEAST 4 AVE

POMPANO BEACH FL 33060

FLORIDA AGRICULTURE CENTER AND HORSE PARK AUTHOR ITY. INC.

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

5800 VETERANS MEMORIAL DR TALLAHASSEE FL 32308

2. Principal Place of Business

32309

WILLIAMS, REUBEN S 954 E. SILVER SPRINGS BLVD

CD

VCD

SD

NOYES, SUE

OCALA FL 34471

SIGNATURE

10.

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Suite, Apt. #, etc.

City & State

Zip

5800 VETERANS MEMORIAL DR

TALLAHASSEE FL 32308

Suite, Apt. #, etc.

323097

Country

Name

City

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9. Election Campaign Financing

11

TITLE

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TITLE

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STREET ADDRESS

STREET ADDRESS

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Trust Fund Contribution.

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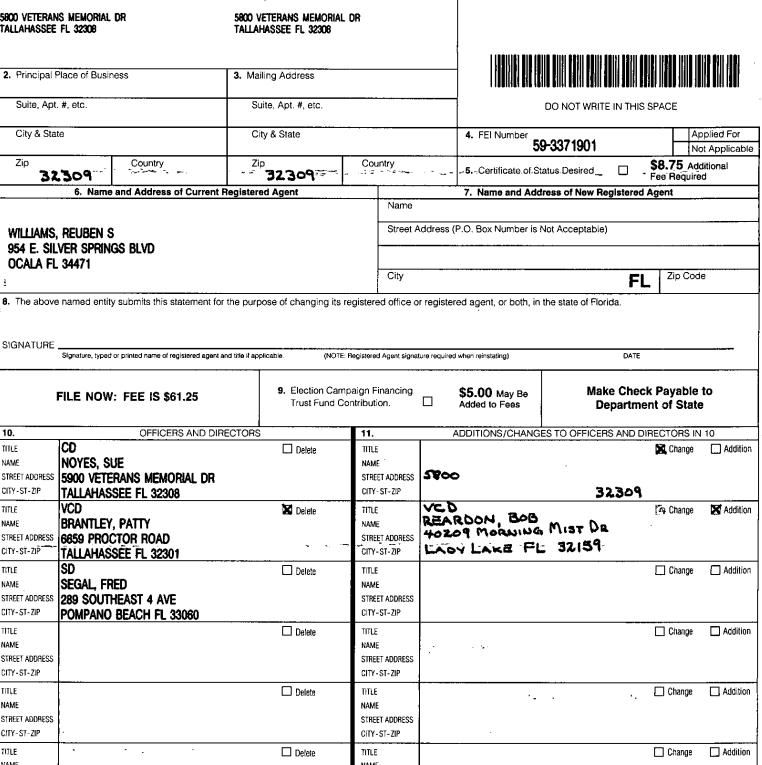
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FILED Feb 28, 2002 8:00 am Secretary of State

02-28-2002 90015 023 ****61.25



12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

215/02

850 · 222 · 8738

(9/01) **CR2E037**