


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90290 034 \*\*\*\*61.25

**DOCUMENT # N96000001396**

1. Entity Name  
**FLORIDA AGRICULTURE CENTER AND HORSE PARK AUTHORITY, INC.**



Principal Place of Business      Mailing Address

**5800 VETERANS MEMORIAL DR  
TALLAHASSEE FL 32309  
US**      **5800 VETERANS MEMORIAL DR  
TALLAHASSEE FL 32309  
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 **59-3371901**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAMS, REUBEN S  
954 E. SILVER SPRINGS BLVD  
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name **Sue Noyes**  
Street Address (P.O. Box Number is Not Acceptable)  
**5800 Veterans Memorial Dr.**  
City **Tallahassee**      FL      Zip Code **32309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sue Noyes      Sue Noyes      DATE 3-28-03

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>NOYES, SUE</b>	
STREET ADDRESS	<b>5800 VETERANS MEMORIAL DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32309</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>REARDON, BOB</b>	
STREET ADDRESS	<b>40209 MORNING MIST DR.</b>	
CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SEGAL, FRED</b>	
STREET ADDRESS	<b>289 SOUTHEAST 4 AVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED      DATE: 3-28-03      ID: 850-222-8738

CP2E037 (10/02)