

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90118 040 ****61.25

DOCUMENT # N96000004314

1. Entity Name

MEDICINE HORSE, INC.



Principal Place of Business

**SUNSHINE STABLES
4550 ULMERTON RD
CLEARWATER FL 33707**

Mailing Address

**5027 THIRD AVENUE SOUTH
ST. PETERSBURG FL 33707**

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 **59-3399111**

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

7. Name and Address of New Registered Agent

**DEBERG, BENJAMIN G
9075 SEMINOLE BLVD., SUITE C
SEMINOLE FL 33772**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **CPD CUMMINS, TERRI**
STREET ADDRESS **5027 THIRD AVE S**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE ☐ Delete
NAME **T HENTER, MEL**
STREET ADDRESS **4198 COQUINA DR S.E.**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE ☐ Delete
NAME **D TERHAR, LOIS**
STREET ADDRESS **1959 LEVINE LANE**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete
NAME **D LISTER, LISA**
STREET ADDRESS **6262 142ND AVE., #102**
CITY-ST-ZIP **CLEARWATER FL 33760**

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

TITLE ☐ Delete
NAME **D MUSGRAVE, JERRY**
STREET ADDRESS **4550 ULMERTON RD**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete
NAME **S HALSEY, PAULA**
STREET ADDRESS **15332 WESTMINSTER AVE**
CITY-ST-ZIP **CLEARWATER FL 33760**

☐ Change ☐ Addition
TITLE
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**

4-29-03 727-333-3454

CR2E037 (10/02)