

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90030 001 ***122.50

MAR 28



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000004874
 1. Entity Name
THE FLORIDA THOROUGHBRED BREEDERS' AND OWNERS' A

Principal Place of Business Mailing Address
 4727 N.W. 80TH AVENUE 4727 N.W. 80TH AVENUE
 Ocala FL 34482-2038 Ocala FL 34482-2031

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 Applied For
59-0944678 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HANCOCK, RICHARD E
4727 N.W. 80TH AVENUE
OCALA FL 34482-2098

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

FILE NOW: FEES 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

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | ERSOFF, STANLEY M | |
| STREET ADDRESS | 1439 W FLAGLER | |
| CITY-ST-ZIP | MIMAI FL 33135 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BURKE, WALTER J | |
| STREET ADDRESS | 13450 NW GAINESVILLE RD | |
| CITY-ST-ZIP | REDDICK FL 32686 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HOWLETT, BRYAN | |
| STREET ADDRESS | 8775 SW 43RD AVE | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DUDLEY, DIANE | |
| STREET ADDRESS | 5340 SW STATE RD 200 | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BOWLING, CARL | |
| STREET ADDRESS | 5 LIVE OAK DR | |
| CITY-ST-ZIP | OXFORD FL 34884 | |
| TITLE | SVD | <input type="checkbox"/> Delete |
| NAME | CROMARTIE, ROBERT A | |
| STREET ADDRESS | 6500 NW 193RD ST | |
| CITY-ST-ZIP | ORANGE LAKE FL 32681 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Donald R Dizney | |
| STREET ADDRESS | 603 Main St | |
| CITY-ST-ZIP | Windermere Fl 34786- | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Walter J Burke | |
| STREET ADDRESS | 13450 NW Gainesville Rd- | |
| CITY-ST-ZIP | Reddick Fl 32686 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bryan Howlett | |
| STREET ADDRESS | 6775 SW 43rd Ave | |
| CITY-ST-ZIP | Ocala Fl 34474 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | J. Michael O'Farrell, Jr | |
| STREET ADDRESS | 4400 SW 27th Ave | |
| CITY-ST-ZIP | Ocala Fl:34474 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert A Cromartie | |
| STREET ADDRESS | 7 E Silver Springs Blvd | |
| CITY-ST-ZIP | Ocala Fl 34478 | |

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 1-12-00 352-629-2160
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)