

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90162 001 \*\*\*183.75

**DOCUMENT # N97000004874**

1. Entity Name

**THE FLORIDA THOROUGHBRED BREEDERS' AND OWNERS' A**

Principal Place of Business

4727 N.W. 80TH AVENUE  
 Ocala FL 34482-2098

Mailing Address

4727 N.W. 80TH AVENUE  
 Ocala FL 34482-2098

2. Principal Place of Business

801 SW 60th Avenue

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

Country

USA

3. Mailing Address

801 Sw 60th Avenue

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

Country

USA

4. FEI Number

59-0944678

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANCOCK, RICHARD E

4727 N.W. 80TH AVENUE -

Ocala FL 34482-2098 -

801 SW 60th Avenue

Ocala FL 34474

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 \_\_\_\_\_

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DIZNEY, DONALD R	
STREET ADDRESS	603 MAIN ST	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, WALTER J	
STREET ADDRESS	13450 NW GAINESVILLE RD	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWLETT, BRYAN	
STREET ADDRESS	6775 SW 43RD AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUDLEY, DIANE	
STREET ADDRESS	5340 SW STATE RD 200	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'FARRELL JR, J MICHAEL	
STREET ADDRESS	4400 SW 27TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROMARTIE, ROBERT A	
STREET ADDRESS	7 E SILVER SPRINGS RD	
CITY-ST-ZIP	OCALA FL 34478	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold J Plumley	
STREET ADDRESS	9453 NW Hwy 27	
CITY-ST-ZIP	Ocala FL 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven A Silver	
STREET ADDRESS	1932 Clatter Bridge Rd	
CITY-ST-ZIP	Ocala FL 34471	
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**

3/2/01

352-629-2160

CR2E037 (10/00)