

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90472 001 ***183.75

DOCUMENT # N97000004874

1. Entity Name

THE FLORIDA THOROUGHbred BREEDERS' AND OWNERS' ASSOCIATION, INC.

Principal Place of Business

**801 SW 60TH AVENUE
 OCALA FL 34474**

Mailing Address

**801 SW 60TH AVENUE
 OCALA FL 34474**

14582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0944678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANCOCK, RICHARD E
 801 SW 60TH AVENUE
 OCALA FL 34474**

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

[Handwritten 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **P** Delete
 NAME: **PLUMLEY, HAROLD J**
 STREET ADDRESS: **9453 NW HWY 27**
 CITY-ST-ZIP: **OCALA FL 34482**

TITLE: **Secretary** Change Addition
 NAME: **Sheila DiMare**
 STREET ADDRESS: **2205 nW 110th Ave**
 CITY-ST-ZIP: **Ocala Fl 34482**

TITLE: **D** Delete
 NAME: **BURKE, WALTER J**
 STREET ADDRESS: **13450 NW GAINESVILLE RD**
 CITY-ST-ZIP: **REDDICK FL 32686**

TITLE: **Treasurer** Change Addition
 NAME: **Barry W Eisaman DVM**
 STREET ADDRESS: **15749 W Hwy 316**
 CITY-ST-ZIP: **Williston Fl 32696**

TITLE: **D** Delete
 NAME: **HOWLETT, BRYAN**
 STREET ADDRESS: **6775 SW 43RD AVE**
 CITY-ST-ZIP: **OCALA FL 34474**

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

TITLE: **T** Delete
 NAME: **SILVER, STEVEN A**
 STREET ADDRESS: **1932 CLATTER BRIDGE ROAD**
 CITY-ST-ZIP: **OCALA FL 34471**

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

TITLE: **VPD** Delete
 NAME: **O'FARRELL JR, J MICHAEL**
 STREET ADDRESS: **4400 SW 27TH ST**
 CITY-ST-ZIP: **OCALA FL 34474**

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

TITLE: **D** Delete
 NAME: **CROMARTIE, ROBERT A**
 STREET ADDRESS: **7 E SILVER SPRINGS RD**
 CITY-ST-ZIP: **OCALA FL 34478**

TITLE: Change 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

352-629-2160

Date

Daytime Phone #

CR2E037 (02/01)