

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


1/2

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90435 001 ***122.50

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**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-0944678**
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
**HANCOCK, RICHARD E
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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	
TITLE: P/D NAME: PLUMLEY, HAROLD J STREET ADDRESS: 9453 NW HWY 27 CITY-ST-ZIP: OCALA FL 34482	<input type="checkbox"/> Delete
TITLE: S/D NAME: DIMARE, SHELIA STREET ADDRESS: 2205 NW 110TH AVE CITY-ST-ZIP: OCALA FL 34482	<input type="checkbox"/> Delete
TITLE: D NAME: HOWLETT, BRYAN STREET ADDRESS: 6775 SW 43RD AVE CITY-ST-ZIP: OCALA FL 34474	<input checked="" type="checkbox"/> Delete
TITLE: T/D NAME: EISAMAN DVM, BARRY W STREET ADDRESS: 15749 W HWY 316 CITY-ST-ZIP: WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE: VPD NAME: O'FARRELL JR, J MICHAEL STREET ADDRESS: 4400 SW 27TH ST CITY-ST-ZIP: OCALA FL 34474	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: 2nd Vice President/Director NAME: Leverett Miller STREET ADDRESS: 15233 NW Hwy 329 CITY-ST-ZIP: Reddick, Fl 32686	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard E Hancock **REQUIRED** Richard E Hancock 1/9/03 352-629-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)