

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-30-2000 90074 026 ****61.25

DOCUMENT # N97000006252

1. Entity Name

NAPLES EQUESTRIAN CHALLENGE, INC.

A

Principal Place of Business

Mailing Address

5750 14TH AVE. S.W.
 NAPLES FL 34116

P.O. BOX 1353
 NAPLES FL 34106-1353

2. Principal Place of Business

206 RIDGE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

4. FEI Number

65-0793008

Applied For

Not Applicable

Zip

34108

Country

USA.

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

ERICKSON, TODD

**840 NEW WATERFORD DR. #103
 NAPLES FL 34104**

Name

MARTINO, CAROLINE

Street Address (P.O. Box Number is Not Acceptable)

8149 LOWBANK DRIVE

City

NAPLES

FL

Zip Code

34109

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

Caroline Martino

CAROLINE MARTINO, PRESIDENT

4/19/2000

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 **PD** Delete
 NAME **ERICKSON, TODD**
 STREET ADDRESS **840 NEW WATERFORD DR. #103**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **PRESIDENT** Change Addition
 NAME **MARTINO, CAROLINE**
 STREET ADDRESS **8149 LOWBANK DRIVE** **PD**
 CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **TD** Delete
 NAME **DEPPEN, DEANNA**
 STREET ADDRESS **2043 46TH STREET S.W.**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **TREASURER** Change Addition
 NAME **BARBARA TARKEN**
 STREET ADDRESS **1046 CAPRI DRIVE** **TD**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **VD** Delete
 NAME **LONG, DIANE**
 STREET ADDRESS **4258 KATHY AVE.**
 CITY-ST-ZIP **NAPLES FL 34118**

TITLE **VICE PRESIDENT** Change Addition
 NAME **CHARLES WOHR III** **VD**
 STREET ADDRESS **3696 QUAILS WALK**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** Delete
 NAME **BLACKWELL, KAREN**
 STREET ADDRESS **65 EMERALD WOODS DR. E-7**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **COOPER, PATRICIA**
 STREET ADDRESS **4989 GOLDEN GATE PKWY**
 CITY-ST-ZIP **NAPLES FL 34118**

TITLE **SECRETARY** Change Addition
 NAME **CINDY BOMBARD** **SD**
 STREET ADDRESS **4796 32ND AVENUE S.W.**
 CITY-ST-ZIP **NAPLES, FL 34116**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

CAROLINE MARTINO

C. MARTINO

4/19/2000

941-594-8875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #