

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90032 039 ****61.25

DOCUMENT # N97000006252



1. Entity Name
NAPLES EQUESTRIAN CHALLENGE, INC.

Principal Place of Business

**206 RIDGE DRIVE
NAPLES FL 34108**

Mailing Address

**P.O. BOX 1353
NAPLES FL 34106**

90005211



2. Principal Place of Business

3. Mailing Address

206 RIDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
NAPLES, FL

4. FEI Number **65-0793008**

Applied For

Not Applicable

Zip

Country

Zip
34108

Country
U.S.A.

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

**MARTINO, CAROLINE
179 RIDGE DRIVE
NAPLES FL 34108**

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 *Caroline Martino, CAROLINE MARTINO, PRESIDENT, NAPLES EQUESTRIAN CHALLENGE* 1/4/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **MARTINO, CAROLINE**
STREET ADDRESS **179 RIDGE DRIVE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **YURKOVAC, WILLIAM**
STREET ADDRESS **2222 IMPERIAL GOLF COURSE BLVD**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **VOGEL, JAMES D**
STREET ADDRESS **1941 MISSION DRIVE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BLACKWELL CONLEY, KAREN**
STREET ADDRESS **1850 TARPON BAY DRIVE S**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS **120 PEBBLE STORES DRIVE, UNIT 206**
CITY-ST-ZIP **NAPLES, FL 34110**

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, PRESIDENT* 1/4/03 239-596-2988

CR2E037 (10/02)