

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004369

1. Entity Name

GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

~~G/O TIMOTHY J. MURPHY, ESQ.~~  
~~1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.~~  
~~MIAMI FL 33131~~

~~G/O TIMOTHY J. MURPHY, ESQ.~~  
~~1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

22155 SW 147 Ave.

3. Mailing Address

P.O. Box 900160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Homestead, FL

4. FEI Number

65-0945018

Applied For

Not Applicable

Zip

33170

Country

USA

Zip

33090-0160

Country

USA

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME THRASHER, CONNIE  
STREET ADDRESS 26401 S.W. 173RD PLACE  
CITY-ST-ZIP HOMESTEAD FL 33031

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

TITLE D ☐ Delete  
NAME QUILLIAN, WARREN DR.  
STREET ADDRESS 305 GRANDELLO AVE.  
CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE D ☐ Delete  
NAME BAGGETT, WILLIAM  
STREET ADDRESS 16390 S.W. 248TH ST.  
CITY-ST-ZIP HOMESTEAD FL 33031

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

TITLE D ☐ Delete  
NAME EPLING, ROBERT  
STREET ADDRESS 28801 S.W. 157TH AVE.  
CITY-ST-ZIP HOMESTEAD FL 33033

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE

4-24-00

305-247-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE