

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90043 005 \*\*\*\*61.25

**DOCUMENT # N99000006630**  
 1. Entity Name  
**NORTH AMERICAN REGISTRY OF THE IRISH HORSE, INCO**

Principal Place of Business      Mailing Address  
**4300 S.W. BOAT RAMP AVE.**      **4300 S.W. BOAT RAMP AVE.**  
**PALM CITY FL 34990**              **PALM CITY FL 34990-5303**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65 0981904**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BARIS, E. BARBARA**  
**870 S.W. MARTIN DOWNS BLVD.**  
**PALM CITY FL 34990**

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.

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 Department of State**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BARIS, E. BARBARA</b><br><b>4300 S.W. BOAT RAMP AVE.</b><br><b>PALM CITY FL 34990</b>                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Mary Dye</b><br><b>206 Connell Hill Rd</b><br><b>Pomeroy WA 99347</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>LEARY, JAMES</b><br><b>HC 75 BOX 271</b><br><b>NAMY NM 87540</b>                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Dorian Arledge</b><br><b>1200 Historic Lane</b><br><b>Aubrey, TX 76227</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>MANNIKO, JOSEPH</b><br><b>4300 S.W. BOAT RAMP AVE.</b><br><b>PALM CITY FL 34990</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Laurie Monroe</b><br><b>4286 Camario Ct</b><br><b>Moorpark, CA 93021</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>GREEN, BARBARA</b><br><b>8021 LAUREL BEND</b><br><b>SAN ANTONIO TX 78250</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Shiela O'Keefe</b><br><b>14 Rembroke Grove</b><br><b>Charles Town, WV 25414</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>TRAWEEK, SANDRA</b><br><b>8550 E. OLD ST. ANTONIO RD.</b><br><b>BRYAN TX 77808</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Janet Marden-Lester</b><br><b>6790 East HW 21</b><br><b>Bryan, TX 77808</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>CLAY, WENDY</b><br><b>615 CYNTHIANA RD.</b><br><b>PARIS KY 40361</b>                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" 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)(l), 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 of Barbara E. Baris*      **President**      **2/16/00**      **561 253 0084**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)