

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006630**

1. Entity Name  
 NORTH AMERICAN REGISTRY OF THE IRISH HORSE, INCORPORATED

Principal Place of Business 4300 S.W. BOAT RAMP AVE.  PALM CITY FL 34990	Mailing Address 4300 S.W. BOAT RAMP AVE.  PALM CITY FL 34990
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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4. FEI Number  
**65-0981904**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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	
BARIS E. BARBARA 870 S.W. MARTIN DOWNS BLVD.  PALM CITY FL 34990 US		Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 \_\_\_\_\_ DATE **05/01/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAY WENDY		NAME		
STREET ADDRESS	615 CYNTHIANA RD.		STREET ADDRESS		
CITY-ST-ZIP	PARIS KY 40361		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAWEEK SANDRA		NAME		
STREET ADDRESS	8550 E. OLD ST. ANTONIO RD.		STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX 77808		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN BARBARA		NAME		
STREET ADDRESS	8021 LAUREL BEND		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78250		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANNIKKO JOSEPH		NAME		
STREET ADDRESS	4300 S.W. BOAT RAMP AVE.		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEARY JAMES		NAME		
STREET ADDRESS	HC 75 BOX 271		STREET ADDRESS		
CITY-ST-ZIP	NAMY NM 87540		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARIS E. BARBARA		NAME		
STREET ADDRESS	4300 S.W. BOAT RAMP AVE.		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		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)(f), 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:** E. Barbara Baris **D** **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)