

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90013 044 ***150.00

DOCUMENT # **PA6000036425**

1. Entity Name

RUNNIN HORSE FARMS, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 E BROWARD BLVD

Suite, Apt. #, etc.

10 TH FLOOR

City & State

FT LAUDERDALE FL

Zip

33301

Country

USA

3. Mailing Address

200 EAST BROWARD BLVD

Suite, Apt. #, etc.

10TH FLOOR

City & State

FT LAUDERDALE FL

Zip

33301

Country

USA

B0093007

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0666531

Applied For

Not Applicable

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

Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID F HANLEY

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

200 EAST LAS OLAS BLVD

SUITE 1800

City

FT LAUDERDALE

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSVT LES STEINGER 200 E BROWARD BLVD, 10 FLOOR FT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02

CR2E034B (12/01)