

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90002 016 ***150.00

DOCUMENT # P96000079679

1. Entity Name
FLORIDA EQUINE PUBLICATIONS, INC.

80037785



DO NOT WRITE IN THIS SPACE

Principal Place of Business 851 N.W. 24TH COURT SUITE 102 OCALA FL 34475	Mailing Address P.O. BOX 2106 OCALA FL 34478
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2. Principal Place of Business 801 SW 60th AVE	3. Mailing Address P.O. BOX 771319
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA FL	City & State OCALA FL	4. FEI Number 59-3406060	Applied For <input type="checkbox"/> Not Applicable
Zip 34474-1827	Country USA	Zip 34477-1319	Country USA

6. Name and Address of Current Registered Agent HANCOCK, RICHARD E 4727 NW 80TH AVE. OCALA FL 34482	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 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 VICE PRESIDENT	<input type="checkbox"/> Delete
NAME CROMARTIE, ROBERT	
STREET ADDRESS SILVER LEAF FARMS P.O. BOX 890	
CITY-ST-ZIP SUMMERFIELD FL 34492	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME O'FARRELL, J. MICHAEL JR.	
STREET ADDRESS OCALA STUD FARM P.O. BOX 818	
CITY-ST-ZIP OCALA FL 34478	
TITLE SEC	<input checked="" type="checkbox"/> Delete
NAME BURKE, WALTER J	
STREET ADDRESS PO BOX 460	
CITY-ST-ZIP REDDICK FL 32686	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MANGURIAN, HARRY T JR	
STREET ADDRESS 5850 SW STATE RD 200	
CITY-ST-ZIP OCALA FL 34474	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ERSOFF, STANLEY M	
STREET ADDRESS 1439 WEST FLAGLER	
CITY-ST-ZIP MIAMI FL 33135	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME DONALD R. DIZNEY	
STREET ADDRESS 899 SW 85TH AVE	
CITY-ST-ZIP OCALA, FL 34481	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE M. STEINBRENNER III	
STREET ADDRESS 3727 SW 95th AVE. RD	
CITY-ST-ZIP OCALA, FL 34481	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAROLD J. PLUMLEY	
STREET ADDRESS 9453 NW HWY 27	
CITY-ST-ZIP OCALA, FL 34482	
TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARD E. HANCOCK	
STREET ADDRESS 4727 NW 80th AVE	
CITY-ST-ZIP OCALA, FL 34482	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] **4/20/01** (352) 629-2160
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0419620

CR2E034 (10/00)