

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90088 030 \*\*\*150.00

**DOCUMENT # P96000079679**  
 1. Entity Name  
**FLORIDA EQUINE PUBLICATIONS, INC.**

Principal Place of Business      Mailing Address  
**801 SW 60TH AVE**      ~~P O BOX 771919~~  
**OCALA FL 34474-1827**      ~~OCALA FL 34474-1827~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**801 SW 60TH AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**OCALA, FL**  
 Zip      Country      Zip      Country  
**34474-9516**

4. FEI Number      Applied For  
**59-3406060**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HANCOCK, RICHARD E**  
~~801 SW 60TH AVE~~  
**OCALA FL 34474**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**801 SW 60TH AVE**  
 City      State      Zip Code  
**OCALA      FL      34474-9516**

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 *Richard E Hancock*      **RICHARD E HANCOCK**      **1/10/02**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CROMARTIE, ROBERT</b> <b>SILVER LEAF FARMS P.O. BOX 890</b> <b>SUMMERFIELD FL 34492</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>O'FARRELL, J. MICHAEL JR.</b> <b>OCALA STUD FARM P.O. BOX 818</b> <b>OCALA FL 34478</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>BURKE, WALTER J</b> <b>PO BOX 460</b> <b>REDDICK FL 32686</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANGURIAN, HARRY T JR</b> <b>5850 SW STATE RD 200</b> <b>OCALA FL 34474</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERSOFF, STANLEY M</b> <b>1439 WEST FLAGLER</b> <b>MIAMI FL 33135</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>O'FARRELL, J MICHAEL</b> <b>OCALA STUD FARM PO BOX 818</b> <b>OCALA FL 34478</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PLUMLEY, HAROLD J</b> <b>9453 NW HWY 27</b> <b>OCALA FL 34482</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>DIMARE, SHEILA</b> <b>2205 NW 110TH AVE</b> <b>OCALA FL 34482</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CROMARTIE, ROBERT</b> <b>PO BOX 669</b> <b>OCALA FL 34478</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, LEVERETT S</b> <b>T-SQUARE FARM PO BOX 900</b> <b>FAIRFIELD FL 32634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael J O'Farrell Jr*      **MICHAEL J O'FARRELL JR**      **1/10/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

LEARNERS A1

CR2E034 (9/01)