

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90187 036 \*\*\*150.00

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**DOCUMENT # P96000079679**

1. Entity Name  
**FLORIDA EQUINE PUBLICATIONS, INC.**



Principal Place of Business  
**801 SW 60TH AVE  
OCALA FL 34474-1827**

Mailing Address  
**801 SW 60TH AVE  
OCALA FL 34474-9516**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3406060**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANCOCK, RICHARD E  
801 SW 60TH AVE  
OCALA FL 34474-9516**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry W. Eisaman, D.V.M.	
STREET ADDRESS	15749 West Highway 316	
CITY-ST-ZIP	Williston, FL 32696	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/2/03 Daytime Phone #: 352-629-2160

CR2E034 (10/02)