NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90732 010 ****61.25

DOCUMENT # N01000005650

1. Entity Name
Horsesport Support Group, Inc.

DO NOT WRITE IN THIS SPACE

B0061534

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13860 Wellington Trace	13860 Wellington Trace
Suite, Apt. #, etc.: Box 289	Suite, Apt. #, etc.: Box 289
City & State: Wellington, FL	City & State: Wellington, FL
Zip: 33414 Country:	Zip: 33414 Country:

4. FEI Number: 65-1135174 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Moriarty, Brenden S.

Street Address (P.O. Box Number is Not Acceptable): 1023 Manatee Avenue West

City: Bradenton FL Zip Code: 34205

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D/P/V/S/T
NAME	Offen, David
STREET ADDRESS	13860 Wellington Trace, Box 289
CITY-ST-ZIP	Wellington, FL 33414
TITLE	D
NAME	Offen, Todd
STREET ADDRESS	481 Azzure St.
CITY-ST-ZIP	Wellington, FL 33414
TITLE	D
NAME	Coppola, Anthony
STREET ADDRESS	13889 Wellington Trace, A10
CITY-ST-ZIP	Wellington, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ David Offen, President 03-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #