

8/21

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 11 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99159

DOCUMENT # N93000000701

1. Entity Name

ALACHUA ARABIAN HORSE ASSOCIATION, INC.

Principal Place of Business

13716 NW 106TH AVENUE  
ALACHUA FL 32615

Mailing Address

13716 NW 106TH AVE  
ALACHUA FL 32615  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIFRANCO, KRISTEN  
P O BOX 691  
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name  
Difranco, Kristen  
Street Address (P.O. Box Number is Not Acceptable)  
13716 NW 106th Ave  
City  
Alachua FL Zip Code  
32615

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

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	DIFRANCO, KRISTEN	13716 NW 106TH AVE	ALACHUA FL 32615	<input type="checkbox"/>
SD	LORASH, SUSAN	9230 NW 13TH PLACE	GAINESVILLE FL	<input checked="" type="checkbox"/>
T	HAYES, LISA	P O BOX 140943	GAINESVILLE FL 32614	<input checked="" type="checkbox"/>
EO	SCHNEIDER, CHERYL	8605 NW 228TH STREET	ALACHUA FL 32615	<input checked="" type="checkbox"/>
D	HARDIE, SHEILA D	P.O. BOX 908	WILLISTON FL 32696-0908	<input checked="" type="checkbox"/>
D	STALKER, HEATHER	5916 NW 158TH STREET	ALACHUA FL	<input checked="" type="checkbox"/>

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	D			<input type="checkbox"/>	<input type="checkbox"/>
Secretary	NANCY BIRKMAIER	501 SW 80th Dr	GAINESVILLE, FL-32607	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	BEVERLY CRUISE	P O BOX 2035	ALACHUA, FL 32616	<input type="checkbox"/>	<input type="checkbox"/>
President-elect	ANN KIEL	4689 NE 78th PL	HIGH SPRINGS FL 32643	<input type="checkbox"/>	<input type="checkbox"/>
D. Grand	JUDY COLEY	P O BOX 691	ALACHUA FL 32616	<input type="checkbox"/>	<input type="checkbox"/>
D. Board	SUSAN LORASH	P O BOX 141843	GAINESVILLE, FL 32614	<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristen Difranco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02  
Date

386-418-4001  
Daytime Phone #

js 10/11/02