

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90031 039 *****61.25

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

**13716 NW 106TH AVENUE
ALACHUA FL 32615**

7. Name and Address of New Registered Agent

Name **ANN KIEL**

Street Address (P.O. Box Number is Not Acceptable)

4689 NE 38TH PL

HIGH SPRINGS

FL

32643

City

FL

Zip Code

32643

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

[Signature] **ANN KIEL** **PRESIDENT**

4/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD DIFRANCO, KRISTEN	<input type="checkbox"/> Delete
STREET ADDRESS	13716 NW 106TH AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE NAME	S BIRKMAIER, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	501 SW 80TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE NAME	T CRUISE, BNEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 2035	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE NAME	P KIEL, ANN	<input type="checkbox"/> Delete
STREET ADDRESS	4689 NE 38TH PLACE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE NAME	D COREY, JUDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 69	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE NAME	D LORASH, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 141863	
CITY-ST-ZIP	GAINESVILLE FL 32614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	President Elect Marylee Creegan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 69	
CITY-ST-ZIP	Alachua FL 32616	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

[Signature] **ANN KIEL**

4/14/03

32643 1051

CR2E037 (10/02)