

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002201

Entity Name: TAKE2 SECOND CAREER THOROUGHBRED PROGRAM, INC.**Current Principal Place of Business:**2150 HEMPSTEAD TPKE
ELMONT, NY 11003**Current Mailing Address:**PO BOX 21028
FLORAL PARK, NY 11002 US**FEI Number:** 46-2312886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELFIORE, ANDREA
4995 EUCALYPTUS DR.
HOLLYWOOD, FL 33021 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name OSTER, HERB
Address PO BOX 21028
City-State-Zip: FLORAL PARK NY 11002

Title D
Name SHANLEY, MICHAEL
Address PO BOX 21028
City-State-Zip: FLORAL PARK NY 11002

Title D
Name EINHORN, ADELE
Address PO BOX 21028
City-State-Zip: FLORAL PARK NY 11002

Title P
Name SCHOSBERG, RICHARD
Address PO BOX 21028
City-State-Zip: FLORAL PARK NY 11002

Title VP
Name MCGREEVY, CINTHIA
Address PO BOX 21028
City-State-Zip: FLORAL PARK NY 11002

Title S
Name KELLY, PATRICK
Address PO BOX 21028
City-State-Zip: FLORAL PARK NY 11002

Title EXEC. DIRECTOR
Name BELFIORE, ANDREA
Address 4995 EUCALYPTUS DR.
City-State-Zip: HOLLYWOOD FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA BELFIORE**EXECUTIVE DIRECTOR****01/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date