

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 615978

1. Entity Name

FLORIDA BLOODSTOCK, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 039 ***150.00

Principal Place of Business

Mailing Address

6 CHALLEDON CLOSE
OCALA FL 32675

6 CHALLEDON CLOSE
OCALA FL 34482-3510

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 **59-1973337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUDETTE, F.J.
6 CHALLEDON CLOSE
OCALA FL 32675

Name **Joan I. Audette**
Street Address (P.O. Box Number is Not Acceptable)
6 Challedon Close
City **Ocala** FL Zip Code **34482**

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 See 1 Audit Joan I. Audette 4-28-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AUDETTE, FERN	
STREET ADDRESS	6 CHALLEDON CLOSE	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AUDETTE, JOAN	
STREET ADDRESS	6 CHALLEDON CLOSE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan I Audette	
STREET ADDRESS	6 Challedon Close	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danielle Streichert	
STREET ADDRESS	9032 Dorothy Farris Rd	
CITY-ST-ZIP	Southport FL 32409	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan I. Audette 4/28/00 Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)