

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 658108

1. Entity Name

AFRIBIAN STUD, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90076 040 \*\*\*158.75

Principal Place of Business

Mailing Address

9320 NW 115TH AVE.  
P O BOX 364  
REDDICK FL 32686

9320 NW 115TH AVE.  
P O BOX 364  
REDDICK FL 32686-0364

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

59-1988592

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

NICHOLS, B C ESQUIRE  
2660 AIRPORT ROAD SOUTH  
NAPLES, FLORIDA  
33942

Name

Mark L. Williamson

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

1850 Monroe St.

City

Hollywood

FL

Zip Code

33020

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

*Mark L. Williamson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-2000

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

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |
|                            | VST<br>STEWART, WILLIAM<br>RT 8 225A<br>REDDICK, FL 00000 <input checked="" type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
|                            | PD<br>GUYOT, LUCILLE<br>RT 8 225A<br>REDDICK, FL 00000 <input type="checkbox"/> Delete               |   | President<br>Guyot, Lucille<br>P.O. Box 364<br>Reddick, FL 32686 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
|                            | <input type="checkbox"/> Delete  |   | Vice President/Treasurer<br>Dominique Guyot<br>P.O. Box 364<br>Reddick, FL 32686 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                            | <input type="checkbox"/> Delete  |   | Secretary<br>Ellen F. Spitzer<br>1850 Monroe St.<br>Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
|                            | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
|                            | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:

*Dominique Guyot*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-2000

Daytime Phone #

352/466-8097

CR2E034 (9/99)