

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 040 ****61.25

DOCUMENT # 701295

1. Entity Name

BIG SCRUB TRAIL RIDERS INC



Principal Place of Business

**40825 BABB RD
UMATILLA FL 32784
US**

Mailing Address

**40825 BABB RD
UMATILLA FL 32784
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

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

**SEWELL, IRENE
40825 BABB RD
UMATILLA FL 32784**

Name

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

City

FL

Zip Code

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, 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

Due By May 1, 2004

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 **P** ☐ Delete
NAME **BAUR, JOAN**
STREET ADDRESS **1749 N.W. 114 LOOP**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **VP** ☐ Delete
NAME **SCHWARTZ, JANET**
STREET ADDRESS **303 N. MARKET ST.**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **2VP** ☐ Delete
NAME **VIDZINE, DOUGLAS**
STREET ADDRESS **17660 S.E. 283TH AVE.**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **ST** ☐ Delete
NAME **SEWELL, IRENE R**
STREET ADDRESS **40825 BUBB RD.**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **AST** ☐ Delete
NAME **APPLEBEE, DARLENE**
STREET ADDRESS **40244 ORANGE CIRCLE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☒ Delete
NAME **DAVIS, BEVERLY**
STREET ADDRESS **5 DAVIS RD.**
CITY-ST-ZIP **PLEASANT GROVE FL 38657**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Recording Secretary** ☐ Change ☒ Addition
NAME **Baur, Joan**
STREET ADDRESS **1749 NW 114 Loop**
CITY-ST-ZIP **Ocala FL 34475**

TITLE **D** ☐ Change ☐ Addition
NAME **Jicha Jim**
STREET ADDRESS **42568 Maggie Jones Rd**
CITY-ST-ZIP **Pensley FL**

TITLE **President** ☐ Change ☒ Addition
NAME **Vidrine-Douglas**
STREET ADDRESS **17660 SE 283th Ave**
CITY-ST-ZIP **Paisley FL 32767**

TITLE **Woodall Renee D** ☐ Change ☐ Addition
NAME **40244 Orange Circle**
STREET ADDRESS **Lady Lake FL 32159**

TITLE **D** ☐ Change ☐ Addition
NAME **Gilmore Mark**
STREET ADDRESS **19320 McCall Rd**
CITY-ST-ZIP **Altosna FL**

TITLE **D** ☐ Change ☐ Addition
NAME **Davis Jack**
STREET ADDRESS **50244 Rd 98 Pleasant Grove Rd**
CITY-ST-ZIP **Sardis MS. 66**

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: Irene R. Sewell IRENE R. SEWELL Aug. 26, 2004 352-649-3532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54071164
701295

August 25, 2004

My apologies for not knowing my daughter had
received the original and my asking for a copy
to send you. I was in the hospital very ill when
she received the original.

Thank you

Jane R. Sewell