

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90144 011 ****61.25

DOCUMENT # 703609

1. Entity Name

TRAILRIDERS CLUB, INC.

Principal Place of Business

4245 POWELL RD
 MELBOURNE FL 32904
 US

Mailing Address

4245 POWELL RD
 MELBOURNE FL 32904
 US

2. Principal Place of Business

370 FORSYTHIA WAY

3. Mailing Address

PO BOX 51

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINETTA, FL

City & State

PINETTA, FL

Zip

32350

Country

USA

Zip

32350

Country

USA

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

HUDSON, RALPH
3625 HIELD RD
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

RALPH HUDSON

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

PO BOX 51 370 FORSYTHIA WAY

City

PINETTA

FL

Zip Code

32350

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

Ralph Hudson

RALPH HUDSON

8-6-01

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **HUDSON, RALPH**
 STREET ADDRESS **3625 HIELD RD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **SD** ☐ Delete
 NAME **HANNA, DONNA**
 STREET ADDRESS **2195 WILSON LANE**
 CITY-ST-ZIP **MALABAR FL**

TITLE **TD** ☐ Delete
 NAME **HUDSON, LACEY**
 STREET ADDRESS **3625 HIELD RD**
 CITY-ST-ZIP **W MELBOURNE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **370 FORSYTHIA WAY**
 CITY-ST-ZIP **PINETTA, FL 32350**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **370 FORSYTHIA WAY**
 CITY-ST-ZIP **PINETTA, FL 32350**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Ralph Hudson

8-6-01

850 929 2577

CR2E037 (5/01)