2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713481

1. Entity Name

CENTRAL FLORIDA HUNTER AND JUMPER ASSOCIATION, I

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90060 047 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4509 COUNTRY GATE CR. VALRICO FL 33594 US	4509 COUNTRY GATE CR. VALRICO FL 33594 US

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 59-2889667 ☐ 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
BUGNI, JANE B 4509 COUNTRY GATE CR. VALRICO FL 33594	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.

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EUFEMIA, KEVIN 5604 OAKRIDGE ROAD PALM HARBOR FL 34685	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, DON JR. 949 S.E. 12TH PLACE OCALA FL 34471	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUPP, ROBIN 620 RIVERA DR. TAMPA FL 33606	☐ Delete	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S JANE B. BUGNI 4509 COUNTRY GATE Ct. VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V/D GEORGANN POWERS 9595 66th St. N PINELLAS PARK, FL 33782	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Jane B. Bugni JANE B. BUGNI 3/7/00 813-684-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #