

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90027 027 \*\*\*\*61.25

**DOCUMENT # 722867**

1. Entity Name

**B-BARK RIDING CLUB, INC.**

Principal Place of Business

8031 DOOLEY DRIVE  
 PENSACOLA FL 32526

Mailing Address

8031 DOOLEY DRIVE  
 PENSACOLA FL 32526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3045058**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, O E SR.**  
**2020 N PALAFOX**  
**PENSACOLA FL**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	VAUGHN, EUGENE	32835 MAGNOLIA FARM ROAD	ROBERTSDALE AL 36567	<input checked="" type="checkbox"/>
PD	HEIST, FLOYD	8031 DOOLEY DRIVE	PENSACOLA FL 32526	<input type="checkbox"/>
SD	HEIST, RITA	8031 DOOLEY DRIVE	PENSACOLA FL 32526	<input type="checkbox"/>
TD	INGRAM, JAN	1940 PAULINE STREET	CANTONMENT FL 32533	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President / Director	Kay Campbell	1340 Brickton Rd.	Moline, FL 32577	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. P. / Director	Floyd Heist	8031 Dooley Dr.	Pensacola, FL 32526	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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:

*Jan Ingram*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/02*  
 DATE

*850-477-0222*  
 Daytime Phone #