

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90787 014 ****61.25

DOCUMENT # 722867



1. Entity Name
B-BAR-K 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number **59-3045058** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, KAY.	
STREET ADDRESS	1340 BRICKTON RD	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEIST, FLOYD	
STREET ADDRESS	8031 DOOLEY DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEIST, RITA	
STREET ADDRESS	8031 DOOLEY DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	TD	<input type="checkbox"/> Delete
NAME	INGRAM, JAN	
STREET ADDRESS	1940 PAULINE STREET	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene Vaughn	
STREET ADDRESS	32885 Magnolia Fabus Rd.	
CITY-ST-ZIP	Roberts Dale, Al. 36567	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Montgomery	
STREET ADDRESS	P.O. Box-423	
CITY-ST-ZIP	Cantonment, Fl. 32533	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belinda Pittman	
STREET ADDRESS	P.O. Box-3616	
CITY-ST-ZIP	Milton, Fl. 32572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kay Campbell* **2/6/03** **(850) 477-0222**

CR2E037 (10/02)