

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723389

1. Entity Name

UNION COUNTY RIDING CLUB, INC.

FILED

Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90236 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

SR 121 SOUTH OF LAKE BUTLER  
PO BOX 85  
LAKE BUTLER FL 32054-0085

SR 121 SOUTH OF LAKE BUTLER  
PO BOX 85  
LAKE BUTLER FL 32054-0085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2965255

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PARRISH, RALPH  
RT 3, BOX 11  
LAKE BUTLER FL 32054

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 PD  
NAME GRAHAM, KEVIN  
STREET ADDRESS RT 3 BOX 221C  
CITY-ST-ZIP LAKE CITY FL 32205

☒ Delete

TITLE PD  
NAME Kevin Box  
STREET ADDRESS PO Box 334  
CITY-ST-ZIP Lake Butler FL 32054

☐ Change

☒ Addition

TITLE VD  
NAME HORLER, JIM  
STREET ADDRESS PO BOX 281  
CITY-ST-ZIP LAKE BUTLER FL 32054

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME MEHALL, LORI  
STREET ADDRESS PO BOX 265  
CITY-ST-ZIP WORTHINGTON SPRINGS FL 32697

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME ELLINGTON, MELANIE  
STREET ADDRESS P.O. BOX 603  
CITY-ST-ZIP LAKE BUTLER FL 32054

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: Melanie Ellington 1/29/02 386-496-3954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)