

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90057 049 \*\*\*\*61.25

**DOCUMENT # 723389**

1. Entity Name

UNION COUNTY RIDING CLUB, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2965255

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

LAGASSE, PHILIP  
RT 2 BOX 451  
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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD ☐ Delete  
NAME: GAY, CLENTON  
STREET ADDRESS: P.O. BOX 183  
CITY-ST-ZIP: RAIFORD FL 32083

TITLE: PD ☒ Change ☐ Addition  
NAME: Gay, clenton  
STREET ADDRESS: P.O. Box 183  
CITY-ST-ZIP: Raiford, Fl. 32083

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

TITLE: VD ☐ Change ☒ Addition  
NAME: seay, clarence  
STREET ADDRESS: 5448 SW 81st ave  
CITY-ST-ZIP: Lake Butler, Fl. 32054

TITLE: TD ☒ Delete  
NAME: LAGASSE, PHILLIP  
STREET ADDRESS: RT. 2, BOX 451  
CITY-ST-ZIP: LAKE BUTLER FL 32054

TITLE: SD ☐ Change ☒ Addition  
NAME: seay, Priscilla  
STREET ADDRESS: 5448 SW 81st ave  
CITY-ST-ZIP: Lake Butler, Fl. 32054

TITLE: PD ☒ Delete  
NAME: GRAHAM, KEVIN  
STREET ADDRESS: 4162 SE CR 18  
CITY-ST-ZIP: LAKE CITY FL 32055

TITLE: TD ☐ Change ☒ Addition  
NAME: ELLINGTON melanie  
STREET ADDRESS: P.O. Box 603  
CITY-ST-ZIP: Lake Butler, Fl. 32054

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: ☐ Delete  
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 exemptions contained in Section 119, 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:

*Clenton Gay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07

352-494-6106

Date

Daytime Phone #