

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91022 008 \*\*\*\*61.25

**DOCUMENT # 723389**

1. Entity Name

**UNION COUNTY RIDING CLUB, INC.**



Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**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. 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**

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	<input type="checkbox"/> Delete
NAME	<b>HORLER, JIM</b>	
STREET ADDRESS	<b>PO BOX 281</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>MEHALL, LORI</b>	
STREET ADDRESS	<b>PO BOX 285</b>	
CITY-ST-ZIP	<b>WORTHINGTON SPRINGS FL 32697</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>ELLINGTON, MELANIE</b>	
STREET ADDRESS	<b>P.O. BOX 603</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>KEVIN, BOB</b>	
STREET ADDRESS	<b>PO BOX 334</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jim Horler</b>	
STREET ADDRESS	<b>P.O. Box 281</b>	
CITY-ST-ZIP	<b>WORTHINGTON SPRINGS FL 32697</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Janice Parrish</b>	
STREET ADDRESS	<b>RT 3, Box 11</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	
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:

**KEVIN BOB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03**

Date

**386-496-4599**

Daytime Phone #

CR2E037 (10/02)