

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90093 034 ****61.25

DOCUMENT # 735228
 1. Entity Name
 Florida State Fair Horse Show Association, Inc.

Principal Place of Business Mailing Address
 4800 US Highway 301 N 4800 US Highway 301 N
 P.O. Box 11766 P.O. Box 11766
 Tampa, FL 33680 Tampa, FL 33680

40064767

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 59-1652704 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Mott, Olin
 3741 E. Hillsborough Avenue
 Tampa, FL 33614

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	PD	<input type="checkbox"/> Delete
NAME	Thayer, Stella F	
STREET ADDRESS	512 FLA Ave	
CITY-ST-ZIP	Tampa, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Mott, Olin	
STREET ADDRESS	3741 E. Hillsborough Ave	
CITY-ST-ZIP	Tampa, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	Margaret Meloy	
STREET ADDRESS	P.O. Box 37	
CITY-ST-ZIP	Lutz, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Snow, Martin E	
STREET ADDRESS	6830 Crews Lk Rd	
CITY-ST-ZIP	Lakeland, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Mische, Gene	
STREET ADDRESS	9210 King Palm Dr. #112	
CITY-ST-ZIP	Tampa, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Thomas, Robert	
STREET ADDRESS	40 Ranch Rd	
CITY-ST-ZIP	Thonotosassa, FL	

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	<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	
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: *Olin Mott, Treas.*

436.00 (813) 237-3945

CR2E037 (9/99)