

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90146 011 ****61.25

DOCUMENT # 735228

1. Entity Name
FLORIDA STATE FAIR HORSE SHOW ASSOCIATION, INC.



Principal Place of Business
**4800 U.S. HIGHWAY 301 N.
P.O. BOX 11766
TAMPA FL 33680**

Mailing Address
**4800 U.S. HIGHWAY 301 N.
P.O. BOX 11766
TAMPA FL 33680**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1652704**

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

**MOTT, OLIN
3741 E. HILLSBOROUGH AVENUE
TAMPA FL 33614**

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	PD	<input type="checkbox"/> Delete
NAME	THAYER, STELLA F	
STREET ADDRESS	512 FLA AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
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 00000	
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	

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	
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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: **SCOTT THAYER** **REQUIRED**

1-17-03 237-3945 (813)

CR2E037 (10/02)