

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 737993**

1. Entity Name

MID-FLORIDA ARABIAN HORSE ASSOCIATION, INC.**FILED****Feb 13, 2002 8:00 am**
Secretary of State

02-13-2002 90145 042 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 787
SPARR FL 32192-7787P.O. BOX 787
SPARR FL 32192-7787

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

59-6535798

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

HAMILTON, ANNE
1355 SW 80TH STREET
OCALA FL 32876

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 \$61.259. 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
NAME
ST
LAUREEN, FORD
STREET ADDRESS
12009 NE 8 CT
CITY-ST-ZIP
OCALA FL ☐ DeleteTITLE
NAME
D
MCBRIDE, JOHN
STREET ADDRESS
12345 NW 110 AVE
CITY-ST-ZIP
REDDICK FL ☐ DeleteTITLE
NAME
D
RILEY, ANN
STREET ADDRESS
13901 W HWY 326
CITY-ST-ZIP
MORRISTON FL ☐ DeleteTITLE
NAME
D
WATSON, CODY A
STREET ADDRESS
P.O. BOX 394 HWY 441 N/A
CITY-ST-ZIP
ORANGE LAKE, FL 00000 ☐ DeleteTITLE
NAME
D
HAMILTON, ANNE
STREET ADDRESS
1355 SW 80TH STREET
CITY-ST-ZIP
OCALA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)