2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90072 036 ****61.25

UBA3950

DOCUMENT # 741469

1. Entity Name

SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
550 NORTHEAST 25TH AVE. OCALA FL 34470	550 NORTHEAST 25TH AVE. OCALA FL 34470

DO NOT WRITE IN THIS SPACE

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 59-3078883 ☐ 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
KENDZIORA, LORELEI V 550 NE 25TH AVENUE OCALA FL 34470	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 $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, BARBARA 800 NE 105 LANE ANTHONY FL 32617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D SIEMER, CATHIE 17401 SE HWY 475 SUMMERFIELD FL 34492	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GUESS, LISA 2218 HONTOON ROAD DELAND FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SATERBO, LAURA 3310 N. GALLOWAY RD. LAKELAND FL 33810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D WULFF, DARBY 17401 SE HWY 475 SUMMERFIELD FL 34492	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KENDZIORA, LORELEI 11760 NE 14TH AVE ANTHONY FL 32617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GAYZAGIAN, KAREN 4201 SE CR 42 SUMMERFIELD FL 34491	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALESKE, NANCY 13319 NW 82 ST. RD. OCALA, FL 34482	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECHAINE, PRISCILLA P O BOX 568 WELAKA FL 32193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Lorelei Kendziora EQUIOrelei V. Kendziora 2/2/02 352-732-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #