

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

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90144 027 ****61.25

DOCUMENT # 741469

1. Entity Name

SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, INC.



Principal Place of Business

**550 NORTHEAST 25TH AVE.
OCALA FL 34470**

Mailing Address

**550 NORTHEAST 25TH AVE.
OCALA FL 34470**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KENDZIORA, LORELEI V
550 NE 25TH AVENUE
OCALA FL 34470**

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. 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** ☒ Delete
NAME **SIEMER, CATHIE**
STREET ADDRESS **17401 SE HWY 475**
CITY-ST-ZIP **SUMMERFIELD FL 34492**

TITLE **DV** ☐ Change ☒ Addition
NAME **Raymond, Richard**
STREET ADDRESS **11820 SW 121 Ave.**
CITY-ST-ZIP **Dunnellon, FL 34432**

TITLE **DS** ☐ Delete
NAME **GUESS, LISA**
STREET ADDRESS **2218 HONTOON ROAD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WULFF, DARBY**
STREET ADDRESS **17401 SE HWY 475**
CITY-ST-ZIP **SUMMERFIELD FL 34492**

TITLE **DP** ☒ Change ☐ Addition
NAME **Wulff, Darby**
STREET ADDRESS **2117 SE 5 ST**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **TD** ☐ Delete
NAME **KENDZIORA, LORELEI**
STREET ADDRESS **11760 NE 14TH AVE**
CITY-ST-ZIP **ANTHONY FL 32617**

TITLE **:** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DECHAIINE, PRISCILLA**
STREET ADDRESS **P O BOX 568**
CITY-ST-ZIP **WELAKA FL 32193**

TITLE **D** ☐ Change ☒ Addition
NAME **Maleske, Nancy**
STREET ADDRESS **13319 NW 82 St. Rd.**
CITY-ST-ZIP **Ocala, FL 34482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Lee, June**
STREET ADDRESS **1085 SE 170 St.**
CITY-ST-ZIP **Summerfield, FL 34491**

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 V. Kendziora 2/24/03 352-732-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)