

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90020 024 ****61.25

DOCUMENT # 764379

1. Entity Name

GOLD COAST ARABIAN HORSE CLUB, INC.

Principal Place of Business

Mailing Address

**2800 SE BRIDGE ROAD
 HOBE SOUND FL 33455**

**2800 SE BRIDGE ROAD
 HOBE SOUND FL 33455**

DUU1U327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0764379

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

**MARTINELLI, DAN
 2800 SE BRIDGE ROAD
 HOBE SOUND FL 33455**

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 **PD** Delete
 NAME **MARTINELLI, DAN**
 STREET ADDRESS **2800 BRIDGE RD**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **VANFOSSEN, NORMA**
 STREET ADDRESS **17336 PRADO BLVD.**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE Change Addition
 NAME **VD RAULERSON, MARY LOU**
 STREET ADDRESS **5178 FEARLEY ROAD**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **SD** Delete
 NAME **PEREZ-RIDDLE, LIZ**
 STREET ADDRESS **15175-93RD LANE NORTH**
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SMITH, JEANNINE**
 STREET ADDRESS **13966-159TH STREET NORTH**
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CHEATWOOD, STEFANIE A.**
 STREET ADDRESS **2800 SE BRIDGE ROAD**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DICK, DOROTHY**
 STREET ADDRESS **4906 WIGGENS ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change 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:

Stefanie A. Cheatwood
STEFANIE A. CHEATWOOD, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-545-0075

CRE037 (9/01)