

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90089 044 ****61.25

DOCUMENT # 764379

1. Entity Name

GOLD COAST ARABIAN HORSE CLUB, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

17336 PRADO BLVD

3. Mailing Address

17336 PRADO BLVD

Suite, Apt. #, etc.

LOXAHATCHEE

City & State

LOXAHATCHEE, FL

City & State

FLORIDA

Zip

33470

Country

USA

Zip

33470

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0764379**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

NORMA VAN FOSSEN

Street Address (P.O. Box Number is Not Acceptable)

17336 PRADO BLVD

City

LOXAHATCHEE

FL

Zip Code

33470

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

Norma J. Van Fossen

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTINELLI, DAN	
STREET ADDRESS	2800 BRIDGE RD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAULERSON, MARY LOU	
STREET ADDRESS	5178 FEARNLEY ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEREZ-RIDDLE, LIZ	
STREET ADDRESS	15175-93RD LANE NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, JEANNINE	
STREET ADDRESS	13966-159TH STREET NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEATWOOD, STEFANIE A	
STREET ADDRESS	2800 SE BRIDGE ROAD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICK, DOROTHY	
STREET ADDRESS	4906 WIGGINS ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA VAN FOSSEN	
STREET ADDRESS	17336 PRADO BLVD.	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
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		
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		

CR2E037 (10/02)

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:

Norma J. Van Fossen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 561-795-2676