

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

10/2

0001851  
AB

DOCUMENT # **A00000002021**

1. Entity Name  
**STARLIGHT STABLES, LTD.**

02 OCT 22 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>510 S.E. HIGHWAY 484 OCALA FL</b>	Mailing Address <b>510 S.E. HIGHWAY 484 OCALA FL</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**DUE BY SEPTEMBER 25, 2002**

City & State	City & State	4. FEI Number <b>APPLIED FOR</b>	Applied For
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WOLF, JACK</b> <b>1759 BAYSHORE ROAD</b> <b>NOKORMIS FL 34275-1413</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,200,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>L00000014959</b> <b>BABE EQUINE SERVICES, L.L.C.</b> <b>510 S.E. HIGHWAY 484</b> <b>OCALA FL</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>300008517599</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>10/22/02--01071--004 **926.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_ DATE: **10/18/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/02)

2 of 2

Form **SS-4**  
(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN \_\_\_\_\_  
OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)  
**STARLIGHT STABLES, LTD**

2 Trade name of business (if different from name on line 1) \_\_\_\_\_

3 Executor, trustee, "care of" name \_\_\_\_\_

4a Mailing address (street address) (room, apt., or suite no.)  
**510 S.E. HWY 484**

5a Business address (if different from address on lines 4a and 4b) \_\_\_\_\_

4b City, state, and ZIP code  
**OCALA, FL. 34480**

5b City, state, and ZIP code \_\_\_\_\_

6 County and state where principal business is located  
**MARION**

7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶ **BABE EQUINE SERVICES, L.L.C.**

8a Type of entity (Check only one box.) (see instructions)

- Caution: If applicant is a limited liability company, see the instructions for line 8a.
- Sole proprietor (SSN)
  - Partnership
  - REMIC
  - State/local government
  - Church or church-controlled organization
  - Other nonprofit organization (specify) ▶ \_\_\_\_\_
  - Other (specify) ▶ \_\_\_\_\_
  - Personal service corp.
  - National Guard
  - Farmers' cooperative
  - Estate (SSN of decedent)
  - Plan administrator (SSN)
  - Other corporation (specify) ▶ \_\_\_\_\_
  - Trust
  - Federal government/military
- (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶ **THOROUGHBRED RACE HORSES**
- Banking purpose (specify purpose) ▶ \_\_\_\_\_
- Changed type of organization (specify new type) ▶ \_\_\_\_\_
- Purchased going business
- Created a trust (specify type) ▶ \_\_\_\_\_
- Other (specify) ▶ \_\_\_\_\_
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year) (see instructions)  
**JANUARY 1, 2001**

11 Closing month of accounting year (see instructions)  
**DECEMBER**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ..... ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ **THOROUGHBRED RACE HORSES**

15 Is the principal business activity manufacturing? .....  Yes  No  
If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check one box.

- Public (retail)
- Other (specify) ▶ \_\_\_\_\_
- Business (wholesale)
- N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? .....  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ \_\_\_\_\_

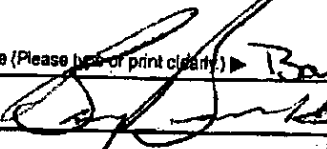
Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ **Barry Ben Kelhammer**

Signature ▶ 

Date ▶ **10/22/01**

Business telephone number (include area code)  
**352-347-1151**

Fax telephone number (include area code)  
**352-347-1151**

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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