05-10-2007 90030 002 **61.25
F06000004610

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

2007 JUL -9 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06CCCCC04610

1. Entity Name
Human Aid & Rapid Transport, Inc
Equine

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14480 Pierson Rd	179 Acorn Hill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington FL	City & State: Madison VA
Zip: 33414 Country: USA	Zip: 22727 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-3740396 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~Spiegel & Utrera, P.A.~~ Corporation Service Co

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

~~1840 Coral Way, 4th Floor~~ 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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: Anthony F. Hitchcock, Treasurer 4/24/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
President Robin Sweely 179 Acorn Hill Dr. Madison VA 22727	
Treasurer Anthony F. Hitchcock PO Box 119, 10 Old Farm Rd Sagaponack NY 11962	
Vice President Sharon MacDonald 325 E 72, APT 17C New York NY 10021	**DO NOT WRITE**
Secretary Jenny Keppler 2665 Fairbury Cove CT Wellington FL 33414	**IN THIS SPACE**
D-Debbie Stephens 10050 Gillett Rd Palmetto, FL 34221	
D-Bobbie Braun PO Box 41 Bridgehampton NY 11932	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony F Hitchcock 4/24/2007 (631) 537-3578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

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