

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001795

1. Entity Name

DIAMOND HILL DRESSAGE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90064 024 ***150.00

Principal Place of Business

Mailing Address

1630 TODD POINT RD
SIMPSONVILLE KY 40067

P.O. BOX 20364
LOUISVILLE KY 40250-0364

2. Principal Place of Business

3. Mailing Address

16673 N. 115th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Zip

33478

Country

U.S.A.

Zip

Country

4. FEI Number

61-1277422

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
RANDOLPH, PEGGY L
2408 GRETEN LANE
ANCHORAGE KY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWEET, RICHARD A
2403 GRETEN LANE
ANCHORAGE KY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PSignature Randolph/Peggy L Randolph

Date

4/07/00

Daytime Phone #

CR2E034 (9/99)