

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003978

1. Entity Name

NATIONAL HORSEMEN'S ADMINISTRATION CORPORATION

Principal Place of Business

Mailing Address

20801 BISCAYNE BLVD #442
AVENTURA FL 33180
US

20801 BISCAYNE BLVD #442
AVENTURA FL 33180-1430
US

2. Principal Place of Business

3. Mailing Address

2875 NE 191st Street

2875 NE 191st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 506

Suite 506

City & State

City & State

Aventura FL

Aventura FL

Zip

Country

Zip

Country

33180

US

33180

FL

4. FEI Number 72-1152139

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

SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180

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 DC
NAME HAGAN, ED
STREET ADDRESS 20133 NE BROADWAY CT
CITY-ST-ZIP TROUTDALE OR 97060 ☐ Delete

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

TITLE D
NAME STIRLING, KENT
STREET ADDRESS 8301 NW 19TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

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

TITLE VP
NAME HILES, RICK
STREET ADDRESS 4211 SOUTHERN PKWY
CITY-ST-ZIP LOUISVILLE KY 40214 ☐ Delete

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

TITLE P
NAME WALMSLEY, BILL
STREET ADDRESS 398 BARNETT DRIVE
CITY-ST-ZIP BATESVILLE AK 72501 ☒ Delete

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

TITLE ST
NAME SAVIN, SCOTT
STREET ADDRESS 3757 NE 208 TERRACE
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE YP
NAME John Roark
STREET ADDRESS PO Box 864
CITY-ST-ZIP Temple, TX 76503 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(205) 935-4700

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90026 049 ***150.00



DO NOT WRITE IN THIS SPACE