

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003989

1. Entity Name

HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION F

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90030 037 ****61.25

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 500

Suite 500

City & State
Aventura FL

City & State
Aventura FL

Zip
33180

Country
US

Zip
33180

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-6063271

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME John Reark
STREET ADDRESS PO Box 864
CITY-ST-ZIP Temple, TX 76503

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:

SIGNATURE RE-*SAVIN*

(305) 935-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #