

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90051 001 \*\*\*150.00

DOCUMENT # F96000006808

1. Entity Name

GARY & MARY WEST STABLES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9746 ASCOT DRIVE

Suite, Apt. #, etc.

3. Mailing Address  
9746 ASCOT DRIVE

Suite, Apt. #, etc.

City & State  
OMAHA, NE

City & State  
OMAHA, NE

4. FEI Number  
47-0633256

Applied For  
Not Applicable

Zip  
68114

Country  
USA

Zip  
68114

Country  
USA

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 BORK, ALAN, % TRIPLE CROWN INSURERS

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

325-3 IVES DAIRY RD

City MIAMI

FL

Zip Code  
33179

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WEST, GARY L. 9746 ASCOT DR. OMAHA, NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS WEST, MARY E. 9746 ASCOT DR. OMAHA, NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary E. West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

Date

Daytime Phone #

CR2E034B (12/02)