

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

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90287 041 ***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.

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)