

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002919

1. Entity Name

BOB HUBBARD HORSE TRANSPORTATION, INC.

Principal Place of Business

3730 SO RIVERSIDE AVE
COLTON CA 92324

Mailing Address

3730 SO RIVERSIDE AVE
COLTON CA 92324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3230154

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

BROWNING, WILLIAM L
4038 WEST HIGHWAY 326
OCALA FL 34482

Name

Browning, William L.

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

2530 W. Hwy 329

City

Howell

FL

Zip Code

37663

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CPD ☐ Delete
NAME HUBBARD, BOB
STREET ADDRESS 44095 OCOTILLO DRIVE
CITY-ST-ZIP LAQUINTA CA 92253

TITLE ☒ Change ☐ Addition
NAME Hubbard, Bob
STREET ADDRESS 36 Oakmont Dr
CITY-ST-ZIP Rancho Mirage, CA 92270

TITLE VDC ☐ Delete
NAME HUBBARD, TOM
STREET ADDRESS 21021 MANATEE CIRCLE
CITY-ST-ZIP HUNTINGTON BEACH CA 92646

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

TITLE STD ☐ Delete
NAME HUBBARD, PATRICIA A
STREET ADDRESS 44095 OCOTILLO DRIVE
CITY-ST-ZIP LAQUINTA CA 92253

TITLE ☒ Change ☐ Addition
NAME Hubbard, Patricia A.
STREET ADDRESS 36 Oakmont Dr
CITY-ST-ZIP Rancho Mirage, CA 92270

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

7-11-00 909 369-3770

Date

Daytime Phone #

CR2E034 (1/00)