

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90694 018 ***550.00

0413/33
 AV

DOCUMENT # H39507

1. Entity Name

TAMPA EQUESTRIAN CENTRE, INC.

Principal Place of Business

% JOHN A. VIVONE, JR.
 15510 FURLONG CIRCLE
 ODESSA FL 33556

Mailing Address

% JOHN A. VIVONE, JR.
 15510 FURLONG CIRCLE
 ODESSA FL 33556

2. Principal Place of Business

36154 Gresham Rd

Suite, Apt. #, etc.

3. Mailing Address

36154 Gresham Rd

Suite, Apt. #, etc.

City & State

Webster FL

City & State

Webster FL

4. FEI Number

59-2479733

Applied For

Not Applicable

Zip

33597

Country

USA

Zip

33597

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VIVONE, JOHN A., JR.
15510 FURLONG CIRCLE
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name **Same**

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

36154 Gresham Rd

City **Webster FL**

FL

Zip Code

33597

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **VIVONE, JOHN A., JR.**
 STREET ADDRESS **15510 FURLONG CIRCLE**
 CITY-ST-ZIP **ODESSA FL**

TITLE **D** ☐ Delete
 NAME **BEALL, ALLYSON**
 STREET ADDRESS **15510 FURLONG CIRCLE**
 CITY-ST-ZIP **ODESSA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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

ALLYSON BEALL

Date

Daytime Phone #

352-583-2017

5/14/02

CR2E034 (9/01)