

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006768

1. Entity Name

SCHEIGERT RACING STABLES, LLC

Principal Place of Business

2250 MAGANS OCEAN WALK
VERO BEACH FL 32963

Mailing Address

2250 MAGANS OCEAN WALK
VERO BEACH FL 32963

2. Principal Place of Business

Scheigert Racing Stable, LLC
Suite, Apt. #, etc.

1500 Rt 40

City & State

Schaght.coke, NY.

Zip

12154

Country

USA

3. Mailing Address

Scheigert Racing Stable, LLC
Suite, Apt. #, etc.

1500 Rt 40

City & State

Schaght.coke, NY 12154

Zip

12154

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-36098-66

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, GEORGE G JR.
756 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM SCHEIGERT, FRED
STREET ADDRESS 2250 MAGANS OCEAN WALK
CITY-ST-ZIP VERO BEACH FL 32963

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)