

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000000226**1. Entity Name  
NORTH FLORIDA EQUINE RANCH AND RESCUE, INC.Principal Place of Business  
POST OFFICE BOX 1194  
CALLAHAN FL 32011Mailing Address  
POST OFFICE BOX 1194  
CALLAHAN FL 32011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number ☒ Applied For  
Not Applicable

Zip Country Zip Country

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

SCHWECKENDIECK ANN  
1029 EASY STREET  
JACKSONVILLE FL 32218 USName  
O'HARA SHARON  
Street Address (P.O. Box Number is Not Acceptable)  
1715 SAMONTEE ROAD  
City JACKSONVILLE FL Zip Code 32211

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 SHARON O'HARA

05/01/2001

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME STRICKLAND DOROTHY P  
STREET ADDRESS #8 ARDEN ROAD  
CITY-ST-ZIP MONTGOMERY AL 36109TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Delete  
NAME SCHWECKENDIECK ANN M  
STREET ADDRESS 1029 EASY STREET  
CITY-ST-ZIP JACKSONVILLE FL 32218TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME DICKINS DEBI A  
STREET ADDRESS POST OFFICE BOX 1194 N/A  
CITY-ST-ZIP CALLAHAN FL 32011TITLE D ☒ Change ☐ Addition  
NAME DRUMMOND WANDA E  
STREET ADDRESS P.O. BOX 7425 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32238TITLE D ☐ Delete  
NAME O SHAROL L  
STREET ADDRESS POST OFFICE BOX 1194 N/A  
CITY-ST-ZIP CALLAHAN FL 32011TITLE D ☒ Change ☐ Addition  
NAME O'HARA SHARON L  
STREET ADDRESS POST OFFICE BOX 1194 N/A  
CITY-ST-ZIP CALLAHAN FL 32011TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON O'HARA

D 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)