2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000226

Entity Name: NORTH FLORIDA EQUINE RANCH AND RESCUE, INC.

FILED Sep 08, 2002 Secretary of State

Current Principal Place of Business: New Principal Place of Business: POST OFFICE BOX 1194 3361 COUNTY ROAD 220 CALLAHAN, FL 32011 MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1194 192 SONJA ELLEN DRIVE CALLAHAN, FL 32011 JACKSONVILLE, FL 32234 FEI Number: 59-1836633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'HARA, SHARON O'HARA, SHARON 1715 SAMONTEE ROAD 3361 COUNTY ROAD 220 JACKSONVILLE, FL 32211 US US MIDDLEBURG, FL 32068 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: 09/08/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete O'HARA, SHARON L O'HARA, SHARON L Name: Name: POST OFFICE BOX 1194 N/A Address: 3361 COUNTY ROAD 220 Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: MIDDLEBURG, FL 32068 Title: () Delete Title: (X) Change () Addition DRUMMOND, WANDA E Name: Name: STRICKLAND, DOROTHY P Address: P.O. BOX 7425 N/A Address: #8 ARDEN ROAD City-St-Zip: JACKSONVILLE, FL 32238 City-St-Zip: MONTGOMERY, AL 36109 Title: () Delete Title: (X) Change () Addition STRICKLAND, DOROTHY P Name: YOUNGBLOOD, ANGELA S Name: #8 ARDEN ROAD 192 SONJA ELLEN DRIVE Address: Address: City-St-Zip: MONTGOMERY, AL 36109 City-St-Zip: JACKSONVILLE, FL 32234 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANGELA S. YOUNGBLOOD

Name:

Address:

City-St-Zip:

AD

DRUMMOND, WANDA E

JACKSONVILLE, FL 32238

P.O. BOX 7425

09/08/2002