

2001 UNIFORM BUSINESS REPORT (UBR)

S/1
5/

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-11-2001 90124 016 ****70.00

DOCUMENT # N00000005763

1. Entity Name

EXPLORER RIDING CLUB, INC.

Principal Place of Business

Mailing Address

4801 DOUGLAS DR.
MILTON FL 32583

4801 DOUGLAS DR.
MILTON FL 32583

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

N00000005763

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

GENTRY, TRACY
4601 DOUGLAS DR.
MILTON FL 32583

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

Tracy Gentry

(NOTE: Registered Agent signature required when reinstating)

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 ☒	NAME Tracy Gentry	STREET ADDRESS 4601 Douglas Dr	CITY-ST-ZIP MILTON FL 32583	☐ Delete
TITLE ☒	NAME Vice President Shannon Hylor	STREET ADDRESS 4605 Douglas Dr	CITY-ST-ZIP MILTON FL 32583	☐ Delete
TITLE ☒	NAME Treasurer John Gentry	STREET ADDRESS 4601 Douglas Dr	CITY-ST-ZIP MILTON FL 32583	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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

12. 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 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:

Tracy Gentry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)