

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90153 025 ****61.25

DOCUMENT # N00000006604

1. Entity Name

FLORIDA ROCKY MOUNTAIN HORSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3108 PROSPECT ROAD
TAMPA FL 33629

3108 PROSPECT ROAD
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

759-3737062

4. FEI Number

APPLIED FOR

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

WILLIAMS, GREGORY L
3108 PROSPECT ROAD
TAMPA FL 33629

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

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

(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 ☐ Delete
NAME **DP**
STREET ADDRESS **PARRISH, MARY K**
CITY-ST-ZIP **13301 MOUNTAIN VIEW**
CLERMONT FL 34711

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

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **NELSON, BOB**
CITY-ST-ZIP **6154 NEFF LAKE ROAD**
BROOKSVILLE FL 34601

TITLE ☒ Change ☐ Addition
NAME **DV**
STREET ADDRESS **Barbara Wood**
CITY-ST-ZIP **29025 S.E. Hwy 42**
ALTOONA, FL.

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **WILLIAMS, GREGORY L**
CITY-ST-ZIP **3108 PROSPECT ROAD**
TAMPA FL 33629

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **LEROY, LAURIE A**
CITY-ST-ZIP **5325 BOB SMITH AVE**
PLANT CITY FL 33565

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COMPTON, WILLIAM W**
CITY-ST-ZIP **7225 N MOBLEY ROAD**
ODESSA FL 33556

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COMPTON, LINN L**
CITY-ST-ZIP **7225 N MOBLEY ROAD**
ODESSA FL 33556

TITLE ☐ 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)(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:

Laurie Leroy (Laurie Leroy)

Date

Daytime Phone #

CR2E037 (9/01)