

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000000674**

1. Entity Name

**EQUINE ASSISTED GROWING & EMOTIONAL RESOLUTION,  
INC.**

Principal Place of Business

Mailing Address

**5405 FISHTAIL PALM AVE.  
COCOA FL 32927****PO BOX 236932  
COCOA FL 32923-6932**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**31-1795583**

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

**MCCLAIN, JANE M  
5405 FISHTAIL PALM AVE.  
COCOA FL 32927**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLAIN, MICHAEL L</b>	
STREET ADDRESS	<b>5405 FISHTAIL PALM AVE.</b>	
CITY-ST-ZIP	<b>COCOA FL 32927</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAYMOND G. CHRIST</b>	
STREET ADDRESS	<b>530 SABAL AVE.</b>	
CITY-ST-ZIP	<b>MERRIT ISLAND, FL 32953</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLAIN, JANE M</b>	
STREET ADDRESS	<b>5405 FISHTAIL PALM AVE.</b>	
CITY-ST-ZIP	<b>COCOA FL 32927</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN C. HALL</b>	
STREET ADDRESS	<b>5060 EVERETT ST</b>	
CITY-ST-ZIP	<b>COCOA FL 32927</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEMPS-BENN, TONYA L</b>	
STREET ADDRESS	<b>2003 MATTISON DR. NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**JANE M. MCCLAIN** **JANE M. MCCLAIN** **5 Feb 02** **321-635-9853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90028 010 \*\*\*\*70.00

**00046331**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)