

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001853

1. Entity Name

LEVY COUNTY HORSE CLUB, INC.

FILED

Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 012 ****61.25

Principal Place of Business

6251 NW CR 336
CHIEFLAND FL 32626

Mailing Address

6251 NW CR 336
CHIEFLAND FL 32626

2. Principal Place of Business

6291 NW CR 336

3. Mailing Address

P.O. Box 2631

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Chiefland FL

City & State

Chiefland FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32626

Country

USA

Zip

32644

Country

USA

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

SHARKEY, ANN E
6251 NW CR 336
CHIEFLAND FL 32626

6291 NW CR 336

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 D ☐ Delete
NAME HARRELL, LINDA B
STREET ADDRESS 5151 SW 105TH AVE.
CITY-ST-ZIP CEDAR KEY FL 32625

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

TITLE PD ☐ Delete
NAME SHARKEY, ANN E
STREET ADDRESS 6251 NW CR 336
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6291 NW CR 336
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SHARKEY, MIKE
STREET ADDRESS 6251 NW CR 336
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6291 NW CR 336
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HALE, LEONORA
STREET ADDRESS 6891 NW 88TH LANE
CITY-ST-ZIP CHIEFLAND FL 32626

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN E. Sharkey

Date

1/30/02

Daytime Phone #

352-490-6136

CR2E037 (9/01)