

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001853

FILED
Sep 20, 2002
Secretary of State

Entity Name: LEVY COUNTY HORSE CLUB, INC.

Current Principal Place of Business:

6921 NW CR 336
CHIEFLAND, FL 32626

New Principal Place of Business:

5151 SW 105TH AVENUE
CEDAR KEY, FL 32625

Current Mailing Address:

PO BOX 2631
CHIEFLAND, FL 32644

New Mailing Address:

PO BOX 2631
CHIEFLAND, FL 32644 US

FEI Number: 59-3716808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHARKEY, ANN E
6921 NW CR 336
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

HARRELL, LINDA B
5151 SW 105TH AVE
CEDAR KEY, FL 32625 US

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: LINDA BELL HARRELL

09/20/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRELL, LINDA B
Address: 5151 SW 105TH AVE.
City-St-Zip: CEDAR KEY, FL 32625

Title: PD () Delete
Name: SHARKEY, ANN E
Address: 6921 NW CR 336
City-St-Zip: CHIEFLAND, FL 32626

Title: V () Delete
Name: SHARKEY, MIKE
Address: 6921 NW CR 336
City-St-Zip: CHIEFLAND, FL 32626

Title: TD () Delete
Name: HALE, LEONORA
Address: 6891 NW 88TH LANE
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAHILL, LIZ
Address: 1311 NW 160TH STREET
City-St-Zip: CHIEFLAND, FL 32626

Title: D (X) Change () Addition
Name: CAHILL, HAROLD
Address: 1311 NW 160TH ST
City-St-Zip: CHIEFLAND, FL 32626

Title: D (X) Change () Addition
Name: SHEPHERD, CLARA
Address: 5750 SW COUNTY ROAD 345
City-St-Zip: CEDAR KEY, FL 32625 US

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.

SIGNATURE: LINDA BELL HARRELL

D

09/20/2002

Electronic Signature of Signing Officer or Director

Date