NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001853

1. Entity Name

Levy County Horse Club, Inc.

FILED
02 OCT 10 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 AMENDED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2119 NW 11 Drive	2119 NW 11 Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chiefland, FL	City & State: Chiefland, FL
Zip: 32626 Country: USA	Zip: 32626 Country: USA

4. FEI Number: 59-3716808 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Leonora Hale

Street Address (P.O. Box Number is Not Acceptable): 2119 NW 11 Drive

City: Chiefland FL Zip Code: 32626

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: Leonora L. Hale LEONORA L. HALE 10-8-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	D	TITLE	800008431538--3
NAME	Dave Wilson	NAME	-10/17/02--01084--001
STREET ADDRESS	P O Box 687 Old Town, FL 32680	STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	Janice Beach	NAME	
STREET ADDRESS	9780 Santa Fe Ave Trenton, FL 32693	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Leonora Hale	NAME	
STREET ADDRESS	2119 NW 11 Dr.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Chiefland, FL 32626	CITY-ST-ZIP	
TITLE	SD	TITLE	**IN THIS SPACE**
NAME	Rhonda Williams	NAME	
STREET ADDRESS	210 SE 95th PL Trenton, FL 32693	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Frank Cleary	NAME	
STREET ADDRESS	2319 NW 50th St	STREET ADDRESS	
CITY-ST-ZIP	Bell, FL 32619	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/94)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Leonora L. Hale LEONORA L. Hale 10-8-02 352-490-5008

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR TREASURER. Date Daytime Phone #