

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90732 010 ****61.25

DOCUMENT # N01000005650

1. Entity Name

Horsesport Support Group, Inc.

DO NOT WRITE IN THIS SPACE

B0061534

2. Principal Place of Business
13860 Wellington Trace

3. Mailing Address
13860 Wellington Trace

Suite, Apt. #, etc.
Box 289

Suite, Apt. #, etc.
Box 289

DO NOT WRITE IN THIS SPACE

City & State
Wellington, FL

City & State
Wellington, FL

4. FEI Number
65-1135174

Applied For
Not Applicable

Zip
33414

Country

Zip
33414

Country

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
Moriarty, Brenden S.

Street Address (P.O. Box Number is Not Acceptable)
1025 Manatee Avenue West

City
Bradenton

FL

Zip Code
34205

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

FEE IS \$81.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P/V/S/T
Offen, David
13860 Wellington Trace, Box 289
Wellington, FL 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Offen, Todd
481 Azzure St.
Wellington, FL 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Coppola, Anthony
13889 Wellington Trace, A10
Wellington, FL 33414

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE:

David Offen, President

03-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)