

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007027

1. Entity Name

MEADOW WOOD EQUINE CLUB, INC.

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90299 035 ****61.25

Principal Place of Business

41 NEEDLES DRIVE
OCALA FL 34482

Mailing Address

41 NEEDLES DRIVE
OCALA FL 34482

2. Principal Place of Business

3. Mailing Address

PO Box 770054

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

Zip

Country

Zip

Country

34477-0054 Marion

4. FEI Number

☒ 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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 PD
NAME SCHUYER, SAM N
STREET ADDRESS 41 NEEDLES DRIVE
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

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

TITLE VD
NAME SHOCKEY, CAROL
STREET ADDRESS 41 NEEDLES DRIVE
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

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

TITLE SD
NAME ROHLWING, KATHY
STREET ADDRESS 41 NEEDLES DRIVE
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

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

TITLE TD
NAME AMEY, CHERYL
STREET ADDRESS 41 NEEDLES DRIVE
CITY-ST-ZIP Ocala FL 34482 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)