

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90103 021 ****61.25

DOCUMENT # N01000007027

1. Entity Name

MEADOW WOOD EQUINE CLUB, INC.



Principal Place of Business

**41 NEEDLES DRIVE
OCALA FL 34482**

Mailing Address

**P. O. BOX 770054
OCALA FL 34477-0054**

10041730



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

9 Handicappers Lane

3. Mailing Address

9 Handicappers Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number **APPLIED FOR**

42-1538962

Applied For

Not Applicable

Zip
34482

Country
USA

Zip
34482

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Lea Love

Street Address (P.O. Box Number is Not Acceptable)

9 Handicappers Lane

City

Ocala

FL

Zip Code
34482

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lea Love, Secretary-Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD SCHUYER, SAM N	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	41 NEEDLES DRIVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE NAME	VD SHOCKEY, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	41 NEEDLES DRIVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE NAME	ST ROHLWING, KATHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	41 NEEDLES DRIVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD LeRoy Conro	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1393 NW 150th Ave.	
CITY-ST-ZIP	Ocala, FL 34482	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 770852	
CITY-ST-ZIP	Ocala, FL 34477	
TITLE NAME	STD Lea Love	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9 Handicappers Lane	
CITY-ST-ZIP	Ocala, FL 34482	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Lea Love, Secretary-Treasurer**

4-11-03

352-291-2787

CR2E037 (10/02)