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FILED
Jul 10, 2002 8:00 am
Secretary of State
05-28-2002 91757 039 ****80.00

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

DOCUMENT # N01000007050 2

1. Entity Name: Greener Pastures Therapeautic Riding Center

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4550 Emerson Drive SW	Suite, Apt. #, etc.: 4550 Emerson Drive SW
City & State: Palm Bay Fl	City & State: Palm Bay Fl
Zip: 32908 Country: USA	Zip: 32908 Country: USA

4. FEI Number: 75-2977762 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Sonya Cohen

Street Address (P.O. Box Number is Not Acceptable): 4550 Emerson Drive SW

City: Palm Bay FL Zip Code: 32908

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: Sonya Cohen — DATE: 3-22-02

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	Jerry Perch	4541 Beck Lake Trail #2	Melbourne Fl 32901	
D	Sonya Cohen	4550 Emerson Drive SW	Palm Bay Fl 32908	D
VP	Lawrence Cohen	PO Box 201	Yankeetown Fl 34498	D
T	Vancil Moore	8497 Victor Rd	Cocoa Fl 32926	D

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CR2E037B (12/01)

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: Sonya Cohen — 3-22-02 — 321-724-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #