

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008345

FILED  
May 23, 2003  
Secretary of State

**Entity Name:** FLORIDA WILD HORSE AND BURRO ASSOCIATION, INC.

**Current Principal Place of Business:**

445 HERO RD.  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 481  
FOUNTAIN, FL 32428

**New Mailing Address:**

**FEI Number:** 03-0384668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRYD, GWILDA  
445 HERO RD.  
CHIPLEY, FL 32428 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHULTER, SANDRA  
Address: 16087 E. CHELTENHAM DR.  
City-St-Zip: LOXHATCHEE, FL 33470

Title: D ( ) Delete  
Name: DELANO, DIANE  
Address: 4970 INTERNATIONAL AVE.  
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete  
Name: CREWS, JACQUI  
Address: 9419 SANDLER RD.  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D ( ) Delete  
Name: PAXTON, JESSICA  
Address: 2308 CUMBERLAND DR.  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSICA PAXTON

D

05/23/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date