2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: PALM BEACH RANCHETTES HORSE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9230 PALOMINO DR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

9230 PALOMINO DR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 68-0490754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, LOUISE
9230 PALOMINO DR
LAKE WORTH, FL 33467

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: P ( ) Delete
Name: ONORATI, JUDY
Address: 3392 CUSTER AVE
City-St-Zip: LAKE WORTH, FL 33467

Title: P ( ) Delete
Name: CLARK, LOUISE
Address: 9230 PALOMINO DR
City-St-Zip: LAKE WORTH, FL 33467

Title: V ( ) Delete
Name: ROLFES, KIMBERLY
Address: 8363 BOWIE WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete
Name: DEOLIVERIA, VIRGIL
Address: 9230 PALOMINO DR
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete
Name: FLOYD, KRISTIN
Address: 9068 PINION DR
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ONORATI, JUDY
Address: 3392 CUSTER AVE
City-St-Zip: LAKE WORTH, FL 33467

Title: P/D (X) Change ( ) Addition
Name: CLARK, LOUISE
Address: 9230 PALOMINO DR
City-St-Zip: LAKE WORTH, FL 33467

Title: V/D (X) Change ( ) Addition
Name: ROLFES, KIMBERLY
Address: 8363 BOWIE WAY
City-St-Zip: LAKE WORTH, FL 33467

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: LOUISE K. CLARK P 04/30/2002

Electronic Signature of Signing Officer or Director — Date