

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008737

FILED  
Jan 15, 2003  
Secretary of State

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

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

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

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

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

Title: T (X) Change ( ) Addition  
Name: DEOLIVERIA, VIRGIL  
Address: 9185 PALOMINO DR  
City-St-Zip: LAKE WORTH, FL 33467

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 CLARK

PRES

01/15/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date