

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91775 002 ****61.25

DOCUMENT # NO1000008882

1. Entity Name

FLORIDA HORSEMAN'S BOOKKEEPER CORPORATION



Principal Place of Business

**21001 N.W. 27TH AVENUE
CORAL CITY FL 33055**

Mailing Address

**C/O BRUCE GREEN
~~600 S. ANDREWS AVE. #400~~
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

C/O Bruce Green

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1313 S. Andrews Ave

City & State

City & State

Ft Lauderdale FL

Zip

Country

Zip

Country

33314

USA

4. FEI Number **80-0003695**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, BRUCE

~~600 S. ANDREWS AVE.~~

~~SUITE 400~~

~~FORT LAUDERDALE FL 33301~~

Name

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

1313 S. Andrews Ave

City

Ft Lauderdale

FL

Zip Code

33314

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 STREET ADDRESS CITY-ST-ZIP	D STIRLING, KENT H 21001 N.W. 27TH AVENUE CORAL CITY FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMER, JACK T 21001 N.W. 27TH AVENUE CORAL CITY FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, LINDA 21001 N.W. 27TH AVENUE CORAL CITY FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

2-11-03 6057625-4591

CR2E037 (10/02)