

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

FILED
May 09, 2003 8:00 am
Secretary of State

04-14-2003 90083 028 ****61.25

DOCUMENT # N02000001458

1. Entity Name

MOLINO SADDLE CLUB INC.



Principal Place of Business

8150 N HWY 29
MOLINO FL 32577

Mailing Address

8150 N HWY 29
MOLINO FL 32577

55039439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0628603

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fees Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSSLER, ROWLAND L JR
8150 N. HWY 29
MOLINO FL 32577

Name

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

City

FL

Zip Code

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

TITLE **President** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
NAME **Vickie Davidson**
STREET ADDRESS **3655 Crabtree Church Rd.**
CITY-ST-ZIP **Molino, Florida 32577**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☐ Change ☐ Addition
NAME **Christine Bussler**
STREET ADDRESS **8150 N. Hwy 29**
CITY-ST-ZIP **Molino, Florida 32577**

TITLE **V/D** ☐ Change ☐ Addition
NAME **Orel Brown**
STREET ADDRESS **3675 Crabtree Church Rd.**
CITY-ST-ZIP **Molino, Florida 32577**

TITLE **S/D** ☐ Change ☐ Addition
NAME **Vickie Davidson**
STREET ADDRESS **3655 Crabtree Church Rd.**
CITY-ST-ZIP **Molino, FL 32577**

TITLE ☐ Change ☐ Addition
NAME **Vickie Davidson**
STREET ADDRESS **3655 Crabtree Church Rd.**
CITY-ST-ZIP **Molino, Florida 32577**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Vickie Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03 850-477-3732

Date

Daytime Phone

CR2E037 (10/02)