


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

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90070 019 \*\*\*\*61.25

**DOCUMENT # N02000003581**  
1. Entry Name  
**National Association of Two-Year-Old  
Consignors, Inc.**



**80045310**

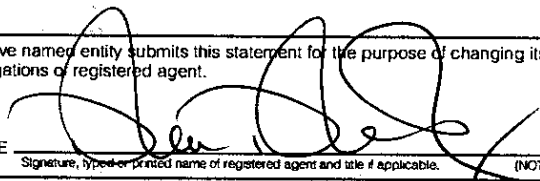
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>6500 NW 225A</b>		3. Mailing Address <b>P.O. Box 771483</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ocala, Florida</b>		City & State <b>Ocala, Florida</b>	
Zip <b>34482</b>	Country <b>Marion</b>	Zip <b>34477</b>	Country <b>Marion</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>01-0653029</b>			Applied For
				Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
	7. Name and Address of Current Registered Agent			
Name <b>Dean De Renzo</b>				
Street Address (P.O. Box Number is Not Acceptable)				
<b>6500 NW 225A</b>				
City <b>Ocala</b>				FL Zip Code <b>34482</b>

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.

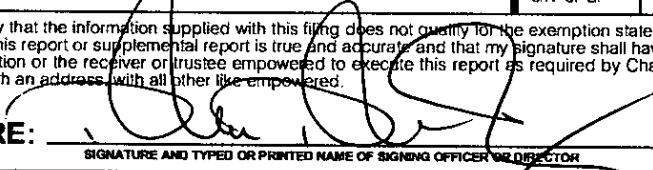
SIGNATURE  DATE **3/1/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25 Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Director, Dean De Renzo 6500 NW 225A Ocala, FL 34482</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Treas., Dir., Becky Thomas P.O. Box 420 Orange Lake, FL 32681</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary, Director, Alex Brancato 15500 W. Hwy. 326 Morrison, FL 32668</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Michael Mulligan 3705 NW 130th Ave. Ocala, FL 34482</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Barry Berkelheimer 510 SE Hwy. 484 Ocala, FL 34480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Nick de Meric 4001 NW 130th Ave. Ocala, FL 34482</b>	TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **3/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

attachment

86045310

NO2060003581  
01-0653029

Not-For-Profit Corporation Uniform Business Report (UBR)  
National Association of Two-Year-Old Consignors Inc.

Part V Continued

Name and address

Director  
Carl Bowling  
#5 Live Oak Dr.  
Oxford, FL 34484

Director  
Tony Bowling  
18361 NW 100th Ave Rd.  
Micanopy, FL 34482

Director  
Niall Brennan  
9119 NW Hwy. 225A  
Ocala, FL 34482

Director  
Jimmy Gladwell  
P.O. Box 110  
Williston, FL 32696

Director  
Hoby Kight  
17490 S. Hwy. 475  
Summerfield, FL 34491

Director  
Mark Roberts  
14216 N. US Hwy. 27  
Ocala, FL 34482

Director  
Murray Smith  
8021 NW 46th St.  
Ocala, FL 34482

Director  
Paul Sharp  
P.O. Box 591  
Williston, FL 32696

Director  
Stacy Leppala

80045316  
NO2000003581

P.O. Box 490  
Oxford, FL 34484

Director  
Jeffrey Berk, VMD  
4625 NW Hwy. 225A  
Ocala, FL 34482

Director  
Barry Eisaman, DVM  
P.O. Box 696  
Williston, FL 32696