

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02551

1. Entity Name

NORTH FLORIDA ARABIAN HORSE CLUB, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90007 034 ****61.25

Principal Place of Business

Mailing Address

108 TILLETTS LN
PALATKA FL 32177-7202

108 TILLETTS LN
PALATKA FL 32177-7202

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

59-2519397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, DEBBIE
108 TILLETTS LN
PALATKA FL 32177

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DP
STREET ADDRESS DUNCAN, DEBBIE
CITY-ST-ZIP 108 TILLETTS LN
PALATKA FL 32177

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS PETERS, ROSA
CITY-ST-ZIP 16332 FRANDERSON LN
JACKSONVILLE FL 32226-1548

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

TITLE ☐ Delete
NAME DS
STREET ADDRESS ALLEN, MARSHA
CITY-ST-ZIP RT 1, BOX 2811
HILLIARD FL 32046

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

TITLE ☐ Delete
NAME DT
STREET ADDRESS MOODY, TERRI
CITY-ST-ZIP 3719 OLD JEFFERSON HWY
WOODBINE GA 31569

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HARVEY, MARY
CITY-ST-ZIP RT 3, BOX 4824
FORT WHITE FL 32038-9771

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSON, LINDA
CITY-ST-ZIP 8422 HERLONG RD
JACKSONVILLE FL 32210

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)