

# 2002 UNIFORM BUSINESS REPORT (UBR)

03-28-2002 90170 038 \*\*\*\*\*01.25  
N02551

0002314

DOCUMENT # N02551

1. Entity Name

NORTH FLORIDA ARABIAN HORSE CLUB, INC.

FILED

02 SEP -9 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 DV  
NAME DUNCAN, DEBBIE  
STREET ADDRESS 108 TILLETTS LN  
CITY-ST-ZIP PALATKA FL 32177 ☒ Delete

TITLE VP  
NAME FLORENCE HILL  
STREET ADDRESS P.O. BOX 1913  
CITY-ST-ZIP CALLAHAN, FL 32011 ☐ Change ☒ Addition

TITLE D  
NAME PETERS, ROSA  
STREET ADDRESS 18332 FRANDERSON LN  
CITY-ST-ZIP JACKSONVILLE FL 32226-1548 ☐ Delete

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

TITLE DS  
NAME POOLEY, NANCY  
STREET ADDRESS 2451 QUARTER NORSE TRAIL  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☒ Delete

TITLE S  
NAME JEAN MCKNIGHT  
STREET ADDRESS 3360 GREEN ACRES ROAD  
CITY-ST-ZIP ST. AUGUSTINE, FL 32095 ☐ Change ☒ Addition

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

TITLE T  
NAME LINDA BOURDOW  
STREET ADDRESS 821 MILL POND COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32259 ☐ Change ☒ Addition

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

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

TITLE DP  
NAME KELNER, JOYCE  
STREET ADDRESS 2019 BENNETT RD  
CITY-ST-ZIP ST. AUGUSTINE FL 32000 ☐ 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: Linda Bourdow LINDA BOURDOW 03/16/02 904-332-7981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (9/01)