

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

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

03-04-2003 90075 030 \*\*\*\*61.25

**DOCUMENT # N02551**

1. Entity Name

**NORTH FLORIDA ARABIAN HORSE CLUB, INC.**



Principal Place of Business

**108 TILLET LN  
PALATKA FL 32177-7202**

Mailing Address

**108 TILLET LN  
PALATKA FL 32177-7202**

2. Principal Place of Business

**2451 QUARTER HORSE TRAIL**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIDDLEBURG FL**

City & State

**SAME**

Zip

**32068**

Country

**USA**

Zip

**SAME**

Country

**SAME**

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

**DUNCAN, DEBBIE  
108 TILLET LN  
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name **NANCY POOLEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**2451 QUARTER HORSE TRAIL**  
City **MIDDLEBURG** FL Zip Code **32068**

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 **NANCY POOLEY, Nancy Pooley, President**

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

(NOTE: Registered Agent signature required when reinstating)

**2/11/2003**  
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 NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, FLORENCE POST OFFICE BOX 1913 CALLAHAN FL 32011	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, ROSA 16332 FRANDERSON LN JACKSONVILLE FL 32226-1548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKNIGHT, JEAN 3360 GREEN ACRES ROAD ST. AUGUSTINE FL 32095	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOURDOW, LINDA 821 MILL POND COURT JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, MARY RT 3, BOX 4824 FORT WHITE FL 32038-9771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELNER, JOYCE 2019 BENNETT RD ST. AUGUSTINE FL 32000	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Deborah L. Hanes 2579 Indigo Ave Middleburg FL 32068-6005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Liz Brewer 10218 Mulberry Ln. Ann. Hilliard FL 32046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hill, Florence R. 3076 JANE LN Hilliard FL 32046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mary E Harvey 374 SW Heathrow Glen Fort White, Florida 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH L. POOLEY 2451 QUARTER HORSE TRAIL MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NANCY POOLEY 2451 QUARTER HORSE TRAIL MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: **NANCY POOLEY, Nancy Pooley, President** **2/11/2003 (904) 291-6804**

CR2E037 (10/02)