2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91592 046 ***150.00

DOCUMENT # N03440

1. Entity Name

PARKLAND HORSEMAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PARKLAND CITY HALL PARKLAND FL 33067	C/O ANDREWS 9836 W. SAMPLE RD. CORAL SPRINGS FL 33065

362155

DO NOT WRITE IN THIS SPACE

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 65-0021014 ☐ 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
ANDREWS, LEWIS 9836 W SAMPLE RD CORAL SPRINGS FL 33065	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRIGHT, RICK 5943 NW 66 WAY PARKLAND FL 33067	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Schein-Pinder, Melissa	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HORN, DAWN 5943 NW 66 WAY PARKLAND FL 33067	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Watt, Dawn 11900 B NW 82 Terrace Parkland, FL 33067	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BALON, PATTI 5943 NW 66 WAY PARKLAND FL 33067	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dunn, Liz 7550 NW 84th Av Parkland, FL 33067	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CINELLI, ROXANNE 2700 FOREST HILL BLVD., #101 CORAL SPRINGS FL 33065	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Berger, Lisa 6877 N. Calumet Cir Lake Worth, FL 33467	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROGERS, SHANNON M 9430 TANGERINE PLACE FT LAUDERDALE FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Kokinakos, Maria 6550 NW 95W Parkland FL 33076	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 03/20/02 954-970-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR