

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09901

1. Entity Name

A.H.O.O.F., THE SUNSHINE STATE HORSE COUNCIL, IN

FILED**Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90070 007 ****61.25

Principal Place of Business

POST OFFICE BOX 8218
MADEIRA BEACH FL 33738-8218

Mailing Address

POST OFFICE BOX 8218
MADEIRA BEACH FL 33738-8218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2354978**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNELE, JEANNE
20151 WELBORN RD.
NORTH FT. MYERS FL 33917

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CORNELE, JEANNE
STREET ADDRESS 20151 WELBORN RD
CITY-ST-ZIP N. FT. MYERS FLTITLE TD ☐ Delete
NAME LACHER, ELISE
STREET ADDRESS 5666 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL 33772TITLE SD ☒ Delete
NAME SCHLOESSER, MARSHA
STREET ADDRESS 218 S HIGH ST
CITY-ST-ZIP DELAND FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME DAN COFFMAN
STREET ADDRESS 11201 LANTANA RD.
CITY-ST-ZIP LAKE WORTH, FL 33467TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Change ☒ Addition
NAME KATHY HINCH CLIFF
STREET ADDRESS 1611 FATIO RD.
CITY-ST-ZIP DELAND, FL 32720TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 (10/00)