

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -5 PM 4:25

DOCUMENT # N10371

1. Corporation Name

LEE COUNTY HORSEMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 314  
FT. MYERS FL 33902

P.O. BOX 314  
FT. MYERS FL 33902



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/23/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2559362

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	<del>FRAPPIER, LARRY</del> Kim Propp	<del>10701 PINE ECHO ROAD</del> 1442 S.W. C.R. 661	<del>NORTH FORT MYERS FL 33917</del> Arcadia FL 34266
VPD	<del>HARRISON, BOBBI</del> Donna Aluotto	<del>10701 SHARON DRIVE</del> 3130 El Dorado Blvd.	<del>NORTH FORT MYERS FL 33900</del> Cape Coral, FL 33993
D	<del>ARMSTRONG, LISA</del> Chris Olsen	<del>1445 MEDOC LANE</del> 20080 Keola LANE	<del>FT MYERS FL 33900</del> North Fort Myers, FL 33917
T	<del>GROSSENBAUGH, CYNDI</del> Joel Corlieto	<del>7305 SEAN LANE</del> 433 SE 9th PL	<del>NORTH FORT MYERS FL 33917</del> Cape Coral FL, 33990
D	<del>WILLIAMS, MATTHEW</del>	<del>1845 N.W. 38TH PLACE</del>	<del>CAPE CORAL FL 33993</del>

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-12/07/01--01003--020

\*\*\*236.25 \*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FRAPPIER, LARRY~~  
19701 PINE ECHO RD  
NO FT MYERS FL 33917

Kim Propp  
1442 S.W. C.R. 661  
Arcadia, FL 34266

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Kim Propp*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10371

1. Entity Name

LEE COUNTY HORSEMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 314  
FT. MYERS FL 33902

P.O. BOX 314  
FT. MYERS FL 33902

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

59-2559362

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

FRAPPIER, LARRY  
19701 PINE ECHO RD  
NO FT MYERS FL 33917

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

After September 12, 2001, min. will be \$236.25

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  
P  
FRAPPIER, LARRY  
19701 PINE ECHO ROAD  
NORTH FORT MYERS FL 33917

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Kim Propp  
1442 S.W. C.R. 661  
Arcadia, FL

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
HARRISON, BOBBI  
10731 SHARON DRIVE  
NORTH FORT MYERS FL 33903

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
Donna Aluotto  
3130 E. LORADO BLVD  
CAPE CORAL, FL 33990

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARMSTRONG, LISA  
1445 MEDOC LANE  
FT MYERS FL 33929

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Chris Olsen  
20080 KEOLA LANE  
North Fort Myers, FL 33917

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GROSSENBAUSH, CYNDI  
7305 SEAN LANE  
NORTH FORT MYERS FL 33917

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Joel Corlieto  
433 SE 9th PL  
CAPE CORAL, FL 33990

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILLIAMS, MATTHEW  
1815 N.W. 38TH PLACE  
CAPE CORAL FL 33993

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

SIGNATURE REQUIRED 10/21/01 (941)624-2535

0013082

CR2E037 (5/01)