

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14821

1. Entity Name

FLORIDA MINIATURE HORSE CLUB, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90138 013 ****61.25

Principal Place of Business

624 APPALOOSA RD
TARPON SPRINGS FL 34689
US

Mailing Address

37024 TUCKER RD
ZEPHYRHILLS 33541-3630
US

00004738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

37024 TUCKER RD.

Suite, Apt. #, etc.

ZEPHYRHILLS, FL

City & State

3. Mailing Address

PO BOX # 2357

Suite, Apt. #, etc.

ZEPHYRHILLS FL

City & State

4. FEI Number

59-2790916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip 33541-3630

Country PASCO

Zip 33539

Country PASCO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, FRANK W
37024 TUCKER RD
ZEPHYRHILLS FL 33541

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

Frank W. Fernandez FRANK W. FERNANDEZ

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 PD ☐ Delete
NAME GILCHRIST, MARILYN
STREET ADDRESS 2825 NE FT KING ST
CITY-ST-ZIP Ocala FL 34470

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

TITLE VPD ☐ Delete
NAME HOOK, GEORGE
STREET ADDRESS RT. 2, HWY 19 217B
CITY-ST-ZIP MONTICELLO FL

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

TITLE DT ☐ Delete
NAME FERNANDEZ, FRANK W
STREET ADDRESS 37024 TUCKER RD
CITY-ST-ZIP ZEPHYRHILLS FL 33541

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

TITLE SD ☐ Delete
NAME FOE, KATHLEEN
STREET ADDRESS RT BOX 3030
CITY-ST-ZIP FT WHITE FL 32038

TITLE ☒ Change ☐ Addition
NAME BARBARA McDERMOTT
STREET ADDRESS 24088 SISLER AVE
CITY-ST-ZIP CHRISTMAS, FL 32709

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Frank W. Fernandez FRANK W. FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)