

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90161 023 \*\*\*\*61.25

**DOCUMENT # N14821**

1. Entity Name

**FLORIDA MINIATURE HORSE CLUB, INC.**

Principal Place of Business

Mailing Address

37024 TUCKER RD  
 ZEPHYRHILLS FL 33541-3130  
 US

P O BOX 2357  
 ZEPHYRHILLS FL 33539  
 US

2. Principal Place of Business

**17171 S.E. 165<sup>TH</sup> AVE.**

3. Mailing Address

**17171 SE 165<sup>TH</sup> AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEIRSDALE, FLORIDA**

City & State

**WEIRSDALE, FLORIDA**

Zip

**32195**

Country

**MARION, US**

Zip

**32195**

Country

**MARION, USA**

4. FEI Number

**59-2790916**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, FRANK W  
 37024 TUCKER RD  
 ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name **JAMES G. DENTICI**

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

**17171 SE 165<sup>TH</sup> AVENUE**

City

**WEIRSDALE**

**FL**

Zip Code

**32195**

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

**JAMES G. DENTICI**

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

*James G. Dentici*

(NOTE: Registered Agent signature required when reinstating)

**1/19/2001**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILCHRIST, MARILYN 2825 NE FT KING ST OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOOK, GEORGE RT. 2, HWY 19 217B MONTICELLO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FERNANDEZ, FRANK W 37024 TUCKER RD ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDERMOTT, BARBARA 24088 SISLER AVE CHRISTMAS FL 32709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIES, GORDEN 11100 SW HWY. 484 DUNNELLON, FLORIDA, 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DENTICI, JAMES G. 17171 SE 165 <sup>TH</sup> AVE. WEIRSDALE, FLORIDA, 32195	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

*James G. Dentici*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/2001**

**352-821-3767**

Date

Daytime Phone #

CR2E037 (10/00)