2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am § Secretary of State DOCUMENT # N21530 1. Entity Name WALSINGHAM HORSEMAN'S ASSOCIATION, INC. 03-19-2001 90013 003 ****61 25 Principal Place of Business Mailing Address C/O SANDRA WAIT, C/O SANDRA WAIT 12617 83RD AVE. N. 12617 83RD AVE. N. SEMINOLE FL 33776-3220 SEMINOLE FL 33776-3220 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2813711 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WAIT, SANDRA 12617 83RD AVE N SEMINOLE FL 33776 Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition sandra Wait SD Delete TITLE TITLE 12617, 83 Ave. N. STOVER, KATHY NAME NAME seminole FL 33774-3220 STREET ADDRESS STREET ADDRESS 10097 HODSON PL. CITY-ST-ZIP CITY-ST-7IP SEMINOLE FL 33776 Addition ☐ Change TITLE ☐ Delete Darcy Terrell TITLE LYDON, JAN NAME NAME 1818 24 Ave. N. 7650 128TH STREET NORTH STREET ADDRESS STREET ADDRESS st. Petersburg, FL 33713-4053 CITY-ST-7IP CITY-ST-ZIP SEMINOLE FL Addition ☐ Delete TITLE F. Michael-Lelak -BUTLER: JOANNE --NAMÉ NAME 13971 Sunset Dr. STREET ADDRESS STREET ADDRESS 3015B ADRIAN AVE. argo, FL 33774 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 Addition Delete ☐ Change TITLE carol Wexler 110 Ave. N. WALLACE, PAT NAME NAME 12955 STREET ADDRESS STREET ADDRESS 14298 SHARON DRIVE 33774 CITY-ST-ZIP CITY-ST-ZIP LARGO FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME 2197 Indian Auc. S. STREET ADDRESS STREET ADDRESS Belleair Bluffs, FL 33770 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1/31/01 (727) 391-1994