

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24678

1. Entity Name

TAMPA HORSE SHOW ASSOCIATION, INC.

Principal Place of Business

9122 CYPRESS KEEP LN
ODESSA FL 33556

Mailing Address

9122 CYPRESS KEEP LN
ODESSA FL 33556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

BUFFINGTON, BECKY
9122 CYPRESS KEEP LN
ODESSA FL 33556

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

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 D ☐ Delete
NAME GIMPEL, RUTH
STREET ADDRESS 18920 SUN LAKE BLD
CITY-ST-ZIP LUTZ FL

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

TITLE D ☐ Delete
NAME CUNNINGHAM, PAM
STREET ADDRESS 5051 VAN DYKE RD
CITY-ST-ZIP LUTZ FL 33549

TITLE ☒ Change ☐ Addition
NAME PAM ROUSH
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WHITING, ANDREA
STREET ADDRESS 8307 N POCAHONTAS AVE
CITY-ST-ZIP TAMPA FL 33615

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

TITLE D ☐ Delete
NAME RENWICK, CATHY
STREET ADDRESS 16642 VALLEY DRIVE
CITY-ST-ZIP TAMPA FL 33618

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

TITLE TD ☐ Delete
NAME BUFFINGTON, BECKY
STREET ADDRESS 9122 CYPRESS KEEP LN
CITY-ST-ZIP ODESSA FL 33556

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

TITLE D ☐ Delete
NAME THOMAS, PAM
STREET ADDRESS 16494 OFFENHAUR ROAD
CITY-ST-ZIP ODESSA FL 33556

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: Becky Buffington BECKY BUFFINGTON 4/8/02 813 281-6019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)