

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N25980** (6)

1. Corporation Name

ARABIAN RACING ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% RUSS MILLER
6778 OLD PASCO RD
WESLEY CHAPEL FL 33544% RUSS MILLER
6778 OLD PASCO RD
WESLEY CHAPEL FL 33544-35213. Date Incorporated or Qualified
04/19/19883a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2958275

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, RUSS
6778 OLD PASCO RD
WESLEY CHAPEL FL 33544

81 Name

Bobbi PATSCHEIDER

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

15151 NW 162 TERR

83

84 City

WILLISTON**FL**

85 Zip Code

32696

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Bobbi Patscheider

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILLER, RUSS
STREET ADDRESS 6778 OLD PASCO RD
CITY-ST-ZIP WESLEY CHAPEL FL
☒ DELETETITLE T
NAME PATSCHEIDER, BOBBI
STREET ADDRESS 15151 NW 162 TERR
CITY-ST-ZIP WILLISTON FL
☐ DELETETITLE PD
NAME COX, FRED
STREET ADDRESS 19396 GUNN HWY RD
CITY-ST-ZIP ODESSA FL
☐ DELETETITLE D
NAME KLEIN, JAY
STREET ADDRESS 924 CANDLELIGHT BLVD.
CITY-ST-ZIP BROOKSVILLE FL
☒ DELETETITLE S
NAME BROWSKY, DENISE
STREET ADDRESS 307 SILVER MOSS LN
CITY-ST-ZIP TARPON SPRINGS FL
☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPPD
MICHAEL Mulligan
3705 NW 130 Ave
OCALA, FL 34482
☐ Change ☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPS
CAROL Nichols
RT 4 Box
WILLISTON FL 32696
☐ Change ☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPVP
SONNY WERNETH
RT 1 Box 624
Micanopy FL 32667
☐ Change ☒ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bobbi Patscheider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORBobbi PATSCHEIDER 1/13/97 35252204
Date Daytime Phone # 0046758

CR2E037 (9/96)