2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 04, 2000 8:00 am Secretary of State OCUMENT # N27184 CONCERNED HORSEMEN TRAILRIDERS OF PALM BEACH COU 02-04-2000 90046 002 ****61.25 Mailing Address Principal Place of Business 13678 87TH STN 13678 87TH STN ROYAL PALM BEACH FL 33412 ROYAL PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FFi Number 65-0402337 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BELL, LINDA 13678 87TH ST N. **ROYAL PALM BEACH FL 33412** 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) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Delete BELL, LINDA NAME STREET ADDRESS STREFT ADDRESS 13678 87TH ST N. CITY-ST-ZIP ROYAL PALM BEACH FL 33412 Change Delete TITLE TITLE Donna Ward 16281 East Aquaduct Dr NAME FORGEY, LAUREEN NAME STREET ADDRESS STREET ADDRESS 11590 49TH STREET NORTH CITY-ST-ZIP Loxahatchee, FL 33470 CITY-ST-ZIP ROYAL PLAM BEACH FL Delete ₩ Change . TITLE TITLE MCCARTY, Janice

Royal Palm Beach, FL 33411 CITY-ST-ZIP CITY-ST-ZIP LOXXAHATCHEE FL Delete TITLE Change ☐ Addition TAYLOR, SUE NAME NAME STREET ADDRESS STREET ADDRESS 4900 MANGO BLVD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 Change ☐ Addition ☐ Delete TITLE TITLE BAKER, CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS 4781 129TH AVE N CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

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:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MCCASTY, JANICE

17152 37TH PL N.

GERARD, ELIZABETH

4468 GLOBAL TRAIL

LOXAHATCHEE FL 33470

Loxahatchee, FL 33470

Lindam CAndrews

4123 123rd Tr N

Change

☐ Addition

Addition

Addition

☐ Addition