

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27184

1. Entity Name

CONCERNED HORSEMEN TRAILRIDERS OF PALM BEACH COU

Principal Place of Business

13678 87TH STN
ROYAL PALM BEACH FL 33412
US

Mailing Address

13678 87TH STN
ROYAL PALM BEACH FL 33412
US

2. Principal Place of Business

110021 72nd Rd. N
Suite, Apt. #, etc.

3. Mailing Address

110021 72nd Rd N
Suite, Apt. #, etc.

City & State

Loxahatchee FL
Zip 33470 Country USA

City & State

Loxahatchee FL
Zip 33470 Country USA

4. FEI Number

65-0402337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, LINDA
13678 87TH ST N.
ROYAL PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name Kimberly Robinson
Street Address (P.O. Box Number is Not Acceptable)
110021 72nd Road North
City Loxahatchee FL Zip Code 33470

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

Kimberly Robinson

(NOTE: Registered Agent signature required when reinstating)

11/6/01
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	P	<input checked="" type="checkbox"/> Delete
NAME	BELL, LINDA	
STREET ADDRESS	13678 87TH ST N.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33412	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WARD, DONNA	
STREET ADDRESS	16281 EAST AQUADUCT DR	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCARTY, JANICE	
STREET ADDRESS	17152 37TH PL N.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCANDREWS, LINDA	
STREET ADDRESS	4123 123RD TR N	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, SUE	
STREET ADDRESS	4900 MANGO BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, CAROLYN	
STREET ADDRESS	4781 129TH AVE N	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimberly Robinson	
STREET ADDRESS	110021 72nd Rd. N	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Fierstat	
STREET ADDRESS	2141 B RD. N	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leslie Fierstat	
STREET ADDRESS	2170 P.O. Garden DR. # 6-20V	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600004745626--8	
STREET ADDRESS	-12/31/01--01085--023	
CITY-ST-ZIP	*****61.25 - *****61.25	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Harris	
STREET ADDRESS	3176 101st Terrace N	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Imreathy Matte	
STREET ADDRESS	2170 A Rd	
CITY-ST-ZIP	Loxahatchee FL 33470	

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 address, with all other like empowered.

SIGNATURE

Kimberly Robinson

11/6/01 558-741-3367

Pagelo

FILED

01 DEC 13 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0092129

CR2037 (10/00)



*Concerned Horsemen
Trailriders of Palm Beach County, Inc.*

Page 2 of 2

December 10, 2001

Mr. Sean Toner
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner,

Thank you for your time today regarding the matter of our Business report. As I explained to you I sent in this report as soon as I received it. This information had been sent to 13678 87th Street North, Royal Palm Beach Fl. The previous President moved to South Dakota.

Per our conversation I am returning the Business form along with the check for \$61.25 and a copy of the letter I received from your department. I appreciate your assistance in resolving this matter.

Thank you,


Kimberly Robinson
President

16821 72nd Road North
Loxahatchee, Florida 33470
561-753-7313