2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27184

1. Entity Name
CONCERNED HORSEMEN TRAILRIDERS OF PALM BEACH COUNTY, INC.

FILED
03 JUL 10 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3176 161ST TERRACE N LOXAHATCHEE, FL 33470 US	P.O. BOX 210053 WEST PALM BEACH, FL 33421

☐ CHECK HERE IF MAKING CHANGES

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 **65-0402337** ☐ 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
HARRIS, REVA 3176 161ST TERRACE N LOXAHATCHEE, FL 33470	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to: Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBINSON, KIMBERLY 16921 72ND ROAD NORTH LOXAHATCHEE, FL 33470 Board ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'BRIEN, TANYA 14923 97TH RD WEST PALM BEACH, FL 33412 V. President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THOME, BECKY 13047-66TH PLACE N WELLINGTON, FL 33414 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barbra DiBiase 1029 Stagnorn St. Wellington FL President ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HARRIS, REVA 3176 161ST TERRACE N LOXAHATCHEE, FL 33470 Treasure ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 0000198745000 05/27/03--01060--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPADA, DAWNE 16857 73RD CT NORTH LOXAHATCHEE, FL 33470 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carol Kuln 18142 48th Av. N. Loxahatchee FL 33470 Board ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D STUMPO, JOHN 111 DERAY LANE ROYAL PALM BEACH, FL 33411 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Helmut Schmitt P.O. Box 1460 Loxahatchee FL 33470 Board ☐ Change ☑ Addition

CR2E037 (10/02)

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: _____ May 2003
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #