

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27717

1. Entity Name

EAGLE ROCK EQUESTRIAN CLUB, INC.

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90098 013 \*\*\*\*61.25

000987

Principal Place of Business

1 WINCHESTER RD  
ORMOND BEACH FL 32174

Mailing Address

1 WINCHESTER RD  
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHMILNITZKY, RAYMOND  
38 WINCHESTER RD  
ORMOND BEACH FL 32174

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 PD  
NAME CHMILNITZKY, RAYMOND  
STREET ADDRESS 3 P WINCHESTER RD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE D  
NAME WARD, GIL  
STREET ADDRESS 12 WINCHESTER RD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE VD  
NAME KOGUT, WILLIAM  
STREET ADDRESS 12 WINCHESTER RD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE S  
NAME GRANDE, NANCY  
STREET ADDRESS 4 REMINGTON RD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE T  
NAME WELSCA, CHRIS  
STREET ADDRESS 11 WINCHERSTER RD  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)