

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27717

1. Entity Name

EAGLE ROCK EQUESTRIAN CLUB, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90086 028 *****61.25

Principal Place of Business

Mailing Address

WINCHESTER RD
ORMOND BEACH FL 32174

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

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

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
S
WILLIAM DEVILBISS
STREET ADDRESS 17 REMINGTON RD
CITY-ST-ZIP ORMOND BEACH FL 32174.

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

TITLE NAME ☐ Change ☒ Addition
T
KITTY MOORE
STREET ADDRESS 18 REMINGTON RD
CITY-ST-ZIP ORMOND BEACH FL 32174.

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

2. 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, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)