

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90085 008 *****61.25

DOCUMENT # N36831

1. Entity Name

FLORIDA PAINT STALLION BREEDERS ASSOCIATION, INC

Principal Place of Business

34455 STATE ROAD 70
MYAKKA CITY FL 34251
US

Mailing Address

C/O JOYCE PANKHURST
5419 BONITA DR.
WIMAUMA FL 33598
US

00028843



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5419 Bonita Dr
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Wimauma FL

City & State

4. FEI Number

65-0166550

Applied For

Not Applicable

Zip

Country

33598 Hills

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BEAR
21305 FIRETHORN RD.
EUSTIS FL 32736

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **SMITH, BEAR**
STREET ADDRESS **21305 FIRETHORN RD.**
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **VP** ☐ Delete
NAME **ULLMAN, GEORGE**
STREET ADDRESS **3391 SW BEARD ST**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **SD** ☐ Delete
NAME **DOWNS, SAMI RAY**
STREET ADDRESS **26111 BUSH CT**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **D** ☐ Delete
NAME **BESUDEN, KIMBERLY**
STREET ADDRESS **21305 FIRETHORN RD.**
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **D** ☐ Delete
NAME **SAMPEY, DERRY**
STREET ADDRESS **1515 SKY COURT**
CITY-ST-ZIP **APOKA FL 32789**

TITLE **T** ☐ Delete
NAME **PANKHURST, JOYCE**
STREET ADDRESS **5419 BONITA DR.**
CITY-ST-ZIP **WIMAUMA FL 33598**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-01 352
3572215

CR2E037 (10/00)