

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90365 009 ****61.25

DOCUMENT # N40072

1. Entity Name

HORSES AND HANDICAPPED FOUNDATION, INC.

Principal Place of Business

**600 SAGAMORE RD
 FORT LAUDERDALE FL 33301**

Mailing Address

**P.O. BOX 450165
 SUNRISE FL 33345**

2. Principal Place of Business

5353 Hancock Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Southwest Ranches FL

City & State

4. FEI Number

65-0222795

Applied For

Not Applicable

Zip
33330

Country
usa

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VAN FLEET, ROBERT
 600 SAGAMORE RD
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Rhonda Gilbert**

Street Address (P.O. Box Number is Not Acceptable)
5171 SW 136th Ave

City **Southwest Ranches**

FL

Zip Code
33330

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

Rhonda Gilbert

(NOTE: Registered Agent signature required when reinstating)

4/11/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, CYNTHIA	
STREET ADDRESS	509 ROYAL PLAZA DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHON, THOMAS	
STREET ADDRESS	628 NE 9 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN FLEET, BARBARA	
STREET ADDRESS	600 SAGAMORE RD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, RHONDA	
STREET ADDRESS	5171 SW 136TH AVENUE	
CITY-ST-ZIP	SW RANCHES FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Stevens	
STREET ADDRESS	5353 Hancock Rd	
CITY-ST-ZIP	Southwest Ranches FL 33330	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Mocny	
STREET ADDRESS	5353 Hancock Rd	
CITY-ST-ZIP	Southwest Ranches FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Rhonda Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

(954) 434-3011

Date

Daytime Phone #

CR2E037 (9/01)