

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90102 014 ****61.25

DOCUMENT # N42064

1. Entity Name

FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC.

Principal Place of Business

5422 W WOODLAWN ST
 DUNNELLON FL 34433
 US

Mailing Address

5422 W WOODLAWN ST
 DUNNELLON FL 34433
 US

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

59-0238650

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENT, MARILYN
5422 W WOODLAWN ST
DUNNELLON FL 34433

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 Delete
 NAME **P MOE, GARY**
 STREET ADDRESS **10410 W HWY 40**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE Change Addition
 NAME **D Jack Darling**
 STREET ADDRESS **1351 SE Hwy 41**
 CITY-ST-ZIP **Williston FL 32696**

TITLE Delete
 NAME **D NEVERS, MIKE**
 STREET ADDRESS **3207 CR 721**
 CITY-ST-ZIP **WEBSTER FL 33597**

TITLE Change Addition
 NAME **S/T Marilyn Kent**
 STREET ADDRESS **5422 W Woodlawn St**
 CITY-ST-ZIP **Dunnellon FL 34433**

TITLE Delete
 NAME **VP YODER, TERRY**
 STREET ADDRESS **5032 NW 40TH ST**
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KENT, VIC**
 STREET ADDRESS **5422 W. WOODLAWN ST.**
 CITY-ST-ZIP **DUNNELLON FL 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PERRY, RED**
 STREET ADDRESS **2842 SE 21ST AVE**
 CITY-ST-ZIP **SUMTERVILLE FL 33585**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HEFNER, BERNIE**
 STREET ADDRESS **1100 NE 120TH ST**
 CITY-ST-ZIP **OCALA FL 34470**

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 all other like empowered.

SIGNATURE: *Marilyn Kent* **REQUIRED** 15/02

Marilyn Kent 352-465-0719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)