


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90166 017 \*\*\*\*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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0238650** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KENT, MARILYN  
5422 W WOODLAWN ST  
DUNNELLON FL 34433**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<b>MOE, GARY</b> <input type="checkbox"/> Delete	TITLE <b>Sec/Treas.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Marilyn Kent</b>
STREET ADDRESS <b>10410 W HWY 40</b>	<b>OCALA FL 34482</b>	STREET ADDRESS <b>5422 W Woodlawn St</b>	<b>Dunnellon FL 34433</b>
TITLE <b>D</b>	<b>NEVERS, MIKE</b> <input checked="" type="checkbox"/> Delete	TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Jack Darling, Sr.</b>
STREET ADDRESS <b>1351 SE HWY 41</b>	<b>WILLISTON FL 32696</b>	STREET ADDRESS <b>1351 SE Hwy 41</b>	<b>Williston FL 32696</b>
TITLE <b>VP</b> <input type="checkbox"/> Delete	<b>YODER, TERRY</b>	TITLE	
STREET ADDRESS <b>5032 NW 40TH ST</b>	<b>LAKE PANASOFFKEE FL 33538</b>	STREET ADDRESS	
TITLE <b>D</b> <input type="checkbox"/> Delete	<b>KENT, VIC</b>	TITLE	
STREET ADDRESS <b>5422 W. WOODLAWN ST.</b>	<b>DUNNELLON FL 33433</b>	STREET ADDRESS	
TITLE <b>D</b> <input type="checkbox"/> Delete	<b>PERRY, RED</b>	TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Dale (Red) Perry</b>
STREET ADDRESS <b>2842 SE 21ST AVE</b>	<b>SUMTERVILLE FL 33585</b>	STREET ADDRESS <b>P O Box 1201 1835 SE 27th St</b>	<b>Sumterville FL 33585</b>
TITLE <b>D</b> <input type="checkbox"/> Delete	<b>HEFNER, BERNIE</b>	TITLE	
STREET ADDRESS <b>1100 NE 120TH ST</b>	<b>OCALA FL 34470</b>	STREET ADDRESS	

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** Sec/Treas *Marilyn Kent* 2/14/03 352-465-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/02)