

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42305

1. Entity Name

SHERIFF'S EQUESTRIAN ASSOCIATION, INC.

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90233 045 ****61.25

Principal Place of Business

JAN KULP, SECRETARY
13238 FOWLER AVENUE
PORT CHARLOTTE FL 33981
US

Mailing Address

JAN KULP, SECRETARY
13238 FOWLER AVENUE
PORT CHARLOTTE FL 33981
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

NOT APPLICABLE

Applied For

Not Applicable

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

DAVIDS, H. VERNON
165 W GREEN ST
ENGLEWOOD FL 34223

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 SD ☐ Delete
NAME KULP, JAN
STREET ADDRESS 13238 FOWLER AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE D ☐ Change ☒ Addition
NAME HELEN MARCHESE
STREET ADDRESS 8361 DOROTHY AVENUE
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE PD ☐ Delete
NAME MOORMAN, PEGGY
STREET ADDRESS 6546 JOE JEFF ST
CITY-ST-ZIP NORTH PORT FL 34286

TITLE D ☐ Change ☒ Addition
NAME THEA RHODES
STREET ADDRESS 262 N. AUBURN ROAD
CITY-ST-ZIP VENICE, FL 34292

TITLE D ☐ Delete
NAME BALLARD, JACQUI
STREET ADDRESS 1279 GRAHAM BLVD
CITY-ST-ZIP VENICE FL 34293

TITLE D ☐ Change ☒ Addition
NAME LYNN WRIGHT
STREET ADDRESS 7351 PALOMINO TRAIL
CITY-ST-ZIP SARASOTA, FL 34241

TITLE T ☐ Delete
NAME BALLARD, JULIE
STREET ADDRESS 525 N HAVANA RD
CITY-ST-ZIP VENICE FL 34292

TITLE D ☒ Change ☐ Addition
NAME JACQUI BALLARD
STREET ADDRESS 176 MARLIN ROAD
CITY-ST-ZIP VENICE, FL 34293

TITLE BD ☐ Delete
NAME BRITT, MAXINE
STREET ADDRESS 1030 ALBEE FARM ROAD
CITY-ST-ZIP VENICE FL 34292

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

TITLE VD ☐ Delete
NAME PONELEIT, MARGIE
STREET ADDRESS 235 KEYSTONE
CITY-ST-ZIP VENICE FL 34292

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:

Jan Kulp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Kulp / Secretary

02-18-02

Date

941-697-3599

Daytime Phone #

CR2E037 (9/01)