

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90011 034 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **N43394 (R)**
 1. Entity Name **Special Equestrians, Horses + Handicapped, Inc**

Principal Place of Business **8695 College Pkwy Suite 336 Ft. Myers, FL 33919**
 Mailing Address **Same**

2. Principal Place of Business Suite, Apt. #, etc. **NO change**
 3. Mailing Address Suite, Apt. #, etc. **no change**

City & State **FL**
 Zip **33919**

4. FEI Number **65-0250071**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Helms, Richard R.
6326 Whiskey Creek Dr
FM, FL 33919

7. Name and Address of New Registered Agent
 Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
 City **AD change** **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	President	☐ Delete
NAME	Elisa Longendyke	
STREET ADDRESS	12631 Allendale Cir	
CITY-ST-ZIP	Ft Myers, FL 33912	
TITLE	VP	☐ Delete
NAME	Susan O'Bryan	
STREET ADDRESS	14916 Bonaire Ct	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE	Secretary	☐ Delete
NAME	Elizabeth Scott	
STREET ADDRESS	1817 Bolado Pkwy	
CITY-ST-ZIP	Cape Coral FL 33990	
TITLE	Treasurer	☐ Delete
NAME	Richard Helms	
STREET ADDRESS	6326 Whiskey Creek Dr	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Elisa Longendyke, President** **5-7-00** **941-489-1844**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)