

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90032 023 ****61.25

DOCUMENT # N43394

1. Entity Name

SPECIAL EQUESTRIANS, HORSES AND HANDICAPPED, INC

Principal Place of Business

8695 COLLEGE PARKWAY
 SUITE 333
 FT. MYERS FL 33913

Mailing Address

8695 COLLEGE PARKWAY
 SUITE 333
 FT. MYERS FL 33913

2. Principal Place of Business

17840 Palm Creek Dr

3. Mailing Address

P.O. Box 61528

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Myers, FL

City & State

FT Myers FL

4. FEI Number

65-0250071

Applied For

Not Applicable

Zip

Country

33917

Lee

Zip

33906-1528

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HELMS, RICHARD R
 6326 WHISKEY CREEK DRIVE
 FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name **Bob Neeson**

Street Address (P.O. Box Number is Not Acceptable)

16200 Dublin Circle #2

City **FT Myers**

FL

Zip Code

33908

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

TITLE	PD	☒ Delete
NAME	LONGENDYKE, ELISA	
STREET ADDRESS	12531 ALLENDALE CIR	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VPD	☒ Delete
NAME	O'BRYAN, SUSAN	
STREET ADDRESS	14916 BONAIRE CT	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	SD	☐ Delete
NAME	SCOTT, ELIZABETH	
STREET ADDRESS	1817 BOLADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	T	☒ Delete
NAME	HELMS, RICHARD	
STREET ADDRESS	6326 WHISKEY CREEK DR	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Bob Neeson	☒ Change ☐ Addition
NAME	16200 Dublin Circle Apt #2	
STREET ADDRESS	FT. MYERS, FL 33908	
CITY-ST-ZIP		
TITLE	Daryle Hollander	☒ Change ☐ Addition
NAME	13724 Anderson Ln	
STREET ADDRESS	FT. MYERS FL 33912	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Cindy Gustafson	☒ Change ☐ Addition
NAME	9180 Southmont Cove #202	
STREET ADDRESS	FT. MYERS, FL 33908	
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: **Daryle Hollander** 3/15/01 941-433-2926

SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)