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

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90046 022 ****61.25

DOCUMENT # N43394

1. Entity Name
SPECIAL EQUESTRIANS HORSES and Handicapped, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17840 Palm Creek Dr.	PO Box 61528
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers, Fl.	City & State: Ft Myers, Fl
Zip: 33917 Country: Lee	Zip: 33906-1528 Country: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number 650250071 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Daryle Hollander

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

15724 Anderson Ln

City: Ft. Myers FL Zip Code: 33912

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: Daryle Hollander Daryle Hollander 4-17-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	P	TITLE	
NAME	Daryle Hollander	NAME	
STREET ADDRESS	15724 Anderson Ln	STREET ADDRESS	
CITY-ST-ZIP	Ft Myers, Fl. 33912	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	PATRICIA Woodyard	NAME	
STREET ADDRESS	14601 Eagles Lookout Ct	STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Fl. 33912	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Cindy Gustafson	NAME	
STREET ADDRESS	9180 Southmont Cove #202	STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Fl 33908	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Libby O'Neal	NAME	
STREET ADDRESS	12511 Shawnee Rd	STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Fl. 33913	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daryle Hollander Daryle Hollander 4-17-02 239-433-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #