2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90037 011 ****61.25

DOCUMENT # N44271

1. Entity Name

NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC

Principal Place of Business	Mailing Address
6628 ENZOR PANAMA CITY FL 32404 US	P O BOX 767 PANAMA CITY FL 32402-0767 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7503 Littleton Rd.	7503 Littleton Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32404 Country: Bay	Zip: 32404 Country: Bay

4. FEI Number: 59-3190517 ☐ 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
MCQUAGGE, WILLIAM D 223 HWY 2297 P O BOX 767 PANAM CITY FL 32404	Name: Alisa Manuel Street Address (P.O. Box Number is Not Acceptable): 1212 Woodrow Avenue City: Chipley FL Zip Code: 32428

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: Alisa Manuel
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANUEL, ALISA 2105 S WAUKESHA ST BONIFAY FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Alisa Manuel 1212 Woodrow Avenue Chipley, FL 32428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, BILL 1404 TIMBERS DR DOTHAN AL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dennis Owens 7503 Littleton Rd. Panama City, FL 32404	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CALDWELL, GALE 6628 ENZOR PANAMA CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dean Lucas 10610 South Bear Creek Panama City, FL 32404	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCQUAGGE, WILLIAM D 223 HYW 2247 BOX 767 PANAMA CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Robin E. Owens 7503 Littleton Rd. Panama City, FL 32404	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISE, ALAINA T 6521 LOIS ST PANAM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ronnie Kent 1861 Bethlehem Rd. Alford, FL 32420	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICH, DAVID 207 SAN PABLO WEWAHITCHKA FL 32454	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Rich 207 San Pablo Wewahitchka, FL 32454	☐ Change ☐ Addition

CR2E037 (9/99)

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: Robin E. Owens Robin E. Owens 4-1-2000 850-747-5650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #