

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46228

1. Entity Name

SOUTHEASTERN PERUVIAN HORSE CLUB, INC.

f

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90206 043 ****70.00

Principal Place of Business

2817 SW 186TH ST.
NEWBERRY FL 32669
US

Mailing Address

2817 SW 186TH ST.
NEWBERRY FL 32669
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3111417

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRISON, LORI A
2817 SW 186TH STREET
NEWBERRY FL 32669

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
After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME HARRISON, LORI
STREET ADDRESS 2817 SW 186TH STREET
CITY-ST-ZIP NEWBERRY FL

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

TITLE VD ☐ Delete
NAME MALPARTIDA, CARLOS
STREET ADDRESS 11906 NW 274TH PLACE
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE SD ☐ Delete
NAME HARGROVE, NANCY
STREET ADDRESS 10522 S. HWY 441
CITY-ST-ZIP MICANOPY FL 32667

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

TITLE D ☐ Delete
NAME HAWKINS, MARY LOU
STREET ADDRESS 2106 NW 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE D ☐ Delete
NAME MILLER, JACK
STREET ADDRESS 17147 AKINS DRIVE
CITY-ST-ZIP SPRING HILL FL 34610

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

TITLE Director ☐ Delete
NAME Laura Castaños
STREET ADDRESS 12818 SW WILLISTON RD.
CITY-ST-ZIP MICANOPY, FL 32667

TITLE Director ☐ Change ☒ Addition
NAME LAURA CASTAÑOS
STREET ADDRESS 12818 SW WILLISTON ROAD
CITY-ST-ZIP MICANOPY, FL 32667

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: *LORI A HARRISON*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2000
Date

352-472-3765
Daytime Phone #

CR2E037 (5/00)