

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 50726

1. Entity Name

Southeast Western, English and Equine Association, Inc.

Principal Place of Business

*5061 Napoli Dr.
Naples, FL 34103
US*

Mailing Address

*PO Box 11029
Naples, FL 34101-1029
US*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3145817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Colleen MacAlister
5061 Napoli Dr
Naples, FL 34103*

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

Colleen MacAlister

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<i>D Kennon, David</i>	<i>224 W. Clayton St</i>	<i>Athens, GA</i>	<input type="checkbox"/>
	<i>P Anderson, Gary</i>	<i>5061 Napoli Dr</i>	<i>Naples FL 34103</i>	<input type="checkbox"/>
	<i>D May, Pat</i>	<i>2450 Fortune Rd</i>	<i>Kissimmee, FL</i>	<input type="checkbox"/>
	<i>D Orr, Harry</i>	<i>11515 N. Fulton Indus. Blvd</i>	<i>Alpharetta, GA</i>	<input type="checkbox"/>
	<i>D Irby, Reg</i>	<i>465 Brackin Trace</i>	<i>Grayson, GA</i>	<input type="checkbox"/>
	<i>VP Allen, Phil</i>	<i>4401 Oak Hollow Dr</i>	<i>High Point, NC 27265</i>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colleen MacAlister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

941-434-9423

Daytime Phone #

CR2E034 (9/99)