

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90330 029 \*\*\*\*\*61.25

0071503

**DOCUMENT # N50726**

1. Entity Name

**SOUTHEAST WESTERN, ENGLISH AND EQUINE ASSOCIATIO**

Principal Place of Business

**5061 NAPOLI DRIVE  
 NAPLES FL 34103  
 US**

Mailing Address

**PO BOX 11029  
 NAPLES FL 34101  
 US**

00049972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3145817**

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

**MACALISTER, COLLEEN  
 5061 NAPOLI DRIVE  
 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

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	D KENNON, DAVID 224 W. CLAYTON ST ATHENS GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, GARY 5061 NAPOLI DR. NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY 2450 FORTUNE RD KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, HARRY 11515 N. FULTON IND BLVD ALPHARETTA GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRBY, REG 465 BRACKIN TRACE GRAYSON GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, PHIL 4401 OAK HOLLOW DR. HIGH POINT NC 27265	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D R. Scott Clark PO Box 161999 Ft Worth TX 76161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Jackson 4129 Goose Hollow Rd Geneva AL 36340	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S/T Bryan McCall PO Box 583 Thomasville NC 27361	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jay Eavnhardt 4506 Guy Ct Old Hickory TN 37138	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colleen MacAlister

4-16-01

941-434-9423

Date

Daytime Phone #

CR2E037 (10/00)