

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N50726**

1. Entity Name

**SOUTHEAST WESTERN, ENGLISH AND EQUINE ASSOCIATION, INC.**

Principal Place of Business

5061 NAPOLI DRIVE  
NAPLES FL 34103  
US

Mailing Address

PO BOX 11029  
NAPLES FL 34101  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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 Vice President  
CLARK, R. SCOTT  
P.O. BOX 161999  
FT WORTH TX 76161 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANDERSON, GARY  
5061 NAPOLI DR.  
NAPLES FL 34103 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JACKSON, JIM  
4129 GOOSE HOLLOW RD  
GENEVA AL 36340 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST VP President  
MCCALL, BRYAN  
P.O. BOX 583  
THOMASVILLE NC 27361 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EARNHARDT, JAY  
4506 GUY CRT  
OLD HICKORY TN 37138 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALLEN, PHIL  
4401 OAK HOLLOW DR.  
HIGH POINT NC 27265 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director ☒ Change ☐ 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

Date

Daytime Phone #

4/18/02

941-434-9423

0047718

CR2E037 (9/01)