

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90136 026 *****70.00

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 & 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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **CLARK, R. SCOTT**
STREET ADDRESS **P.O. BOX 161999**
CITY-ST-ZIP **FT WORTH TX 76161**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ANDERSON, GARY**
STREET ADDRESS **5061 NAPOLI DR.**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **D** ☐ Delete
NAME **JACKSON, JIM**
STREET ADDRESS **4129 GOOSE HOLLOW RD**
CITY-ST-ZIP **GENEVA AL 36340**

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

TITLE **P** ☐ Delete
NAME **MCCALL, BRYAN**
STREET ADDRESS **P.O. BOX 583**
CITY-ST-ZIP **THOMASVILLE NC 27361**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EARNHARDT, JAY**
STREET ADDRESS **4506 GUY CRT**
CITY-ST-ZIP **OLD HICKORY TN 37138**

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

TITLE **D** ☐ Delete
NAME **ALLEN, PHIL**
STREET ADDRESS **4401 OAK HOLLOW DR.**
CITY-ST-ZIP **HIGH POINT NC 27265**

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

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 REQUIRED**

5-15-03

CR2E037 (10/02)