

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000701

1. Entity Name

ALACHUA ARABIAN HORSE ASSOCIATION, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90028 013 ****61.25

Principal Place of Business

11504 NW 136TH ST.
ALACHUA FL 32615

Mailing Address

3950 NE 127TH COURT
WILLISTON FL 32696-5569

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

13716 NW 106th Ave

Alachua, FL

32615 U.S.



DO NOT WRITE IN THIS SPACE.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAINES, YOLANDA L
3950 NE 127TH COURT
WILLISTON FL 32696

7. Name and Address of New Registered Agent

Name

Cheryl A. Schneider

Street Address (P.O. Box Number is Not Acceptable)

8605 NW 226 St

City

Alachua

FL

Zip Code

32615

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

Heather Stalker for Yolanda Gaines

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAINES, YOLANDA L 3950 NE 127TH COURT WILLISTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORASH, SUSAN 9230 NW 13TH PLACE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIELDING, KRISTEN 3507 NW 170 ST NEWBERRY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO EVANS, JENNIFER 1150 N.W. 165TH STREET CITRA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTER, CONNIE 20400 NW 142ND AVE GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALKER, HEATHER 5916 NW 158TH STREET ALACHUA FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cheryl Schneider 8605 NW 226 St Alachua FL 32615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasury DiFranco, Kristen 13716 NW 106th Ave Alachua, FL 32615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gaines, Yolanda L 3950 NE 127th Court Williston, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheila D. Hardie P.O. Box 908 Williston, FL 32696-0908	<input 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

352-392-4104

Daytime Phone #

CR2E037 (9/99)