

8/21

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # N93000000701

1. Entity Name

ALACHUA ARABIAN HORSE ASSOCIATION, INC.

02 OCT 11 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99159

Principal Place of Business 13716 NW 106TH AVENUE ALACHUA FL 32615	Mailing Address 13716 NW 106TH AVE ALACHUA FL 32615 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DIFRANCO, KRISTEN
P O BOX 691
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name <i>DiFranco Kristen</i>
Street Address (P.O. Box Number is Not Acceptable) <i>13716 NW 106th Ave</i>
City <i>Alachua</i>
FL Zip Code <i>32615</i>

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 FeesMake 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	VP DIFRANCO, KRISTEN 13716 NW 106TH AVE ALACHUA FL 32615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <i>D</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORASH, SUSAN 9230 NW 13TH PLACE GAINESVILLE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary NANCY Birkmaier 501 SW 80th Dr GAINESVILLE, FL-32607 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES, LISA P O BOX 140943 GAINESVILLE FL 32614 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Beverly Cruise P O BOX 2035 Alachua, FL 32616 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO SCHNEIDER, CHERYL 8605 NW 228TH STREET ALACHUA FL 32615 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-elect ANN KIEL 4689 NE 78TH PL HIGH SPRINGS FL 32643 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIE, SHEILA D P.O. BOX 908 WILLISTON FL 32698-0908 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Grand Judy Coley P.O. Box 691 Alachua FL 32616 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALKER, HEATHER 5916 NW 158TH STREET ALACHUA FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Board SUSAN LORASH P O BOX 141843 GAINESVILLE, FL 32614 ☐ 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: *Kristen DiFranco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/20/02
Date386-418-4001
Daytime Phone

CR2E037 (9/01)

js 10/11/02