

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005461

1. Entity Name—

ALL FLORIDA SADDLE CLUB OF ARCADIA, INC.

Principal Place of Business

1299 SE HARGRAVE
ARCADIA FL 34266
US

Mailing Address

P.O. BOX 1263
ARCADIA FL 34265-1263
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0462605

Applied For

Not Applicable

5. Certificate of Status Desired, ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR
124 N BREVARD AVENUE
ARCADIA FL 34268

7. Name and Address of New Registered Agent

Name SUSAN M. GERMANN ATTY.

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

207 E. Magnolia St

City Arcadia

FL

Zip Code

34266

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

Susan M. Hermann

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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	VD	<input checked="" type="checkbox"/> Delete
NAME	COURT, J F	
STREET ADDRESS	2154 N.W. PINE WOOD AVENUE	
CITY-ST-ZIP	ARCADIA FL 34268	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, SHARON	
STREET ADDRESS	4812 N W ROYAL PALM DRIVE	
CITY-ST-ZIP	ARCADIA FL 34268	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALE, CHRISTINA	
STREET ADDRESS	5029 NW DILL RD	
CITY-ST-ZIP	ARCADIA FL 34268	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRAY, OBE	
STREET ADDRESS	4812 NW ROYAL PALM DR	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARKER, JOAN A	
STREET ADDRESS	2155 NW PINE WOOD AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONRAD, JACK	
STREET ADDRESS	1538 SE WEST FARM RD	
CITY-ST-ZIP	ARCADIA FL 34266	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conner, Dee	
STREET ADDRESS	5576 S.W. Shores Ave	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Earle	
STREET ADDRESS	4537 TOMLIN DR	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Cale	
STREET ADDRESS	5029 N.W. Dill Rd.	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Susan M. Hermann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

863-294-0223

Daytime Phone #

CR2E037 (9/99)