

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED

Aug 17, 2000 8:00 am
Secretary of State

03-03-2000 90015 036 ****61.25

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1. Entity Name

ACREAGE HORSEOWNERS ASSOCIATION INC.

(2)

Principal Place of Business

11964 N 41ST CT
WEST PALM BCH FL 33411
US

Mailing Address

11964 NO 41ST COURT
WEST PALM BCH FL 33411-9111
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

59-3301192

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

Name

MARIA WISE MILLER

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

16086 E Stallion Dr

City

Loxahatchee

FL

Zip Code

33470

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

MARIA WISE MILLER

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE	P	Delete
NAME	DAVID WAGNER	
STREET ADDRESS	11964 NO 41ST COURT	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VP	Delete
NAME	ROBERT BASKIN	
STREET ADDRESS	11819 41 ST COURT NO	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	SD	Delete
NAME	SHARON FELT	
STREET ADDRESS	13087 43RD ROAD NO.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	Delete
NAME	RENE WERTHIMER	
STREET ADDRESS	13087 43RD RD	
CITY-ST-ZIP	ROYAL PLM BCH FL	
TITLE	D	Delete
NAME	MARTIE BURKETT	
STREET ADDRESS	14893 89TH PL N	
CITY-ST-ZIP	LOXAHACHEE FL 33470	
TITLE	D	Delete
NAME	DONNA WARD	
STREET ADDRESS	16281 E. AQUADUCT DRIVE	
CITY-ST-ZIP	LOXAHACHEE FL 33470	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME	MARIA WISE MILLER		
STREET ADDRESS	16086 E STALLION DR		
CITY-ST-ZIP	LOXAHACHEE, FLA 33470		
TITLE	VP	Change	Addition
NAME	DONNA WARD		
STREET ADDRESS	16281 E AQUADUCT DR		
CITY-ST-ZIP	LOXAHACHEE FLA 33470		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD	Change	Addition
NAME	AL DICKERSON		
STREET ADDRESS	12725 58TH PL		
CITY-ST-ZIP	RD BEACH FLA 33411		
TITLE		Change	Addition
NAME	HELMUT SCHMITT		
STREET ADDRESS	PO BOX 1460		
CITY-ST-ZIP	LOX. FLA 33470		
TITLE		Change	Addition
NAME	MARY ANN SCHMITT		
STREET ADDRESS	PO BOX 1460		
CITY-ST-ZIP	LOX FLA 33470		

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:

MARIA WISE MILLER

MARIA WISE MILLER

1/20/2000 561 798 3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2527 (9/99)