

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90079 023 ****61.25

DOCUMENT # N95000001415

1. Entity Name

THE PROJECT STABLE FOUNDATION, INC.

Principal Place of Business

**5790 SW 130 AVE
FT LAUDERDALE FL 33330**

Mailing Address

**5790 SW 130 AVE
FT LAUDERDALE FL 33330**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0551042

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCARTNEY, SHELDON
5790 SW 130 AVE
FT LAUDERDALE FL 33330**

7. Name and Address of New Registered Agent

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.

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 \$61.259. 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	D	☐ Delete
NAME	MCCARTNEY, SHELDON	
STREET ADDRESS	5790 SW 130 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	

TITLE	D	☐ Delete
NAME	MCCARTNEY, SANDRA	
STREET ADDRESS	5790 SW 130 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	

TITLE	D	☐ Delete
NAME	YODER, JOY	
STREET ADDRESS	12610 SW 13TH MANOR	
CITY-ST-ZIP	DAVIE FL 33325	

TITLE	D	☐ Delete
NAME	CHINA, DEBORAH W	
STREET ADDRESS	14930 NEW CASTLE LANE	
CITY-ST-ZIP	DAVIE FL 33331	

TITLE	D	☐ Delete
NAME	KRIDER, ELLEN	
STREET ADDRESS	10168 SW 53 COURT	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

(954) 463-4446

Date

Daytime Phone #

CR2E037 (9/01)