2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
03-29-2001 91016 034 ****70.50

DOCUMENT # N95000001776

1. Entity Name
SMITH'S CENTER FOR THERAPEUTIC RIDING, INC.

Principal Place of Business	Mailing Address
1621 RANCH RD NOKOMIS FL 34275 US	4509 BEE RIDGE RD STE B SARASOTA FL 34233 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 365 Suite, Apt. #, etc.
City & State	Nokomis, FL City & State
Zip / Country	34274 / US Zip / Country

4. FEI Number 65-0536169 ☐ 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
WOLFINGER, ENOLA 681 PERCHRON CIR NOKOMIS FL 34275	Name: Dennis McSweeney Street Address (P.O. Box Number is Not Acceptable): 1620 Main Street Suite 12 City: Sarasota FL Zip Code: 34236

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: Dennis McSweeney — Signature, typed or printed name of registered agent and title if applicable. Dennis McSweeney (NOTE: Registered Agent signature required when reinstating) DATE: 3-15-01

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTRP KNAPP, VICKI 1347 WASHINGTON DR VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dennis McSweeney 1620 Main St. Suite 12 Sarasota FL 34236	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WOLFINGER, ENOLA H 681 PERCHERON CIRCLE NOKOMIS FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Rick Howell 193 Keystone Rd Venice FL 34292	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED BLEM, DONNA P O BOX 365 NOKOMIS FL 34274	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Amy Dumas 3727 Kingston Blvd Sarasota FL 34292	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer David Soones 4757 Antler Trail Sarasota, FL 34238	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Donna Blem REQUIRED — 3-15-01 — 941 412 9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #