2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State
02-21-2003 90226 013 *****8.75
03-06-2003 90123 006 ****61.25

90043746

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	PO BOX 365 NOKOMIS FL 34274 US

☐ CHECK HERE IF MAKING CHANGES

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 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
MCSWEENEY, DENNIS 1620 MAIN STREET SUITE 12 SARASOTA FL 34236	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1/16/03
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 Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCSWEENEY, DENNIS 1620 MAIN STREET SUITE 12 SARASOTA FL 34236	☒ Delete	President Patrick Ryskamp 6252 Tupelo Trail Bradenton, FL 34202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED BLEM, DONNA P O BOX 365 NOKOMIS FL 34274	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEY, TAMARA 193 KEYOTONE ROAD VENICE FL 34292	☒ Delete	VPD Rick Howell 193 Keystone Rd Venice FC 34292	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILHELMI, KARIN 2334 ARLINGTON ST SARASOTA FL 34239	☒ Delete	SD Dawn Huelburt 3630 Geneva Oaks Dr Sarasota, FC 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCOONES, DAVID 4757 ANTLER TRAIL SARASOTA FL 34238	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 Ex. Director 1-2-03 941-412 9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #