

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90127 027 ****61.25

DOCUMENT # N97000001660

1. Entity Name

SOUTHERN DRAFT HORSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1962 EAST 476
BUSHNELL FL 33513****PO BOX 2321
BUSHNELL FL 33513**

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

59-3480538

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

**WENTZEL, KAREN A
1962 EAST CR 476
BUSHNELL FL 33513**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **NEVERS, MICHAEL**
STREET ADDRESS **36600 MICRO RACETRACK RD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **YODER, TERRY**
STREET ADDRESS **5032 NW 40TH STREET**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **YODER, GLENDORA**
STREET ADDRESS **5032 NW 40TH STREET**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **WENTZEL, KAREN**
STREET ADDRESS **PO BOX 2321**
CITY-ST-ZIP **BUSHNELL FL 33513**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HOPKINS, STEWART**
STREET ADDRESS **36600 MICRO RACETRACK RD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **POWELL, RAY**
STREET ADDRESS **PO BOX 146**
CITY-ST-ZIP **NEW CASTLE KY 40050**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)